DEPT.- 65

JOB- 15

REEL- 24

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

RP 23007

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title Commissioner of Health Date 3/28/63

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Prints & 1 positive for hospital

C P Force Records Management Officer Date 3/28/63

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED CITY AUDITOR

2. APPROVED CITY SOLICITOR

3. APPROVED CITY COMPTROLLER

4. APPROVED CITY TREASURER

5. APPROVED DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER



FORM RM-1 (

To: Record
Room

1. TITLE:

4. Dates

8. Authorizati
A. Establish
records
lating do

9. Recommend
a. In Dept.
12 yrs.

12. DESCRIPT
to be
occurr

Department o

13. Recommend
a. In Dept.
12 yrs

REMARKS:
2 rm
+ 1 pa

KINDLY RETUR
ROOM 408, CIT

1. APPROVED

2 APPROVED

3 APPROVED

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Ward 10

94000 Registered No. B 94000

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E Peters

{ Residence, if in Baltimore, Give Street and Number. } Pocomoke City Md

Duration of Residence in Baltimore. 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 36 years, ... months ..... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Worcester Co

FULL NAME OF FATHER Saml Peters

BIRTHPLACE OF FATHER (State or country) Talbot Co

MAIDEN NAME OF MOTHER Sarah W. Shedly

BIRTHPLACE OF MOTHER (State or country) Talbot Co

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Ryter

(Address) Md. Penitentiary

Filed 9/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 19 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Sept 19 1906

that I last saw h~~im~~ alive on Sept 18 1906

and that death occurred, on the date stated above, at 5.35 a m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis

1 yr (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Lamb Jr M.D.

Address 1808 N. Charles St

Date Sept 19 1906

JOHNS HOPKINS HOSPITAL SEP 28 1906 HENRY O. ANDREWS PERMIT CLERK

Place of Burial

Date 190

Undertaker Commissioner Health

Address

WM. J. C. DULANY CO., BALTIMORE

Morgue

24-2

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94001

City of Baltimore, (No. N. Y. C. Hospital. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Violet R. Miller.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White.

DATE OF BIRTH: 9 (Month) — 25 (Day) — 1905 (Year)

AGE: ..... years, 12 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E. M. Stone.

(Address) N. Y. C Hospital.

Filed 9/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 9 (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May - 1 - 1906 to Sept - 27 - 1906

that I last saw h— alive on " " 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Has been Marantic since birth.

Sepsis (DURATION) DAYS

Contributory Exhaustion.

(DURATION) DAYS

(Signed) W. Edw. Magruder, M. D.

1906 (Address) 922 Mad Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL

DATE OF BURIAL: 1906

UNDERTAKER: Commissioner Health

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 94002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94002

City of Baltimore, (No. 636, W. Barre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. M. Elizabeth Herbert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: about 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: John C. Smith

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. M. Lewis

(Address) 636 W. Barre St.

Filed 9/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 29th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 6th 1906, to Sept 27th 1906

that I last saw h alive on Sept 27th 1906,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Leukemia

(DURATION) 144 DAYS

Contributory Hemorrhage from Stomach and bowels (DURATION) 4 DAYS

(Signed) Charles Gelb, M. D.

Sept 28th 1906 (Address) 1111 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 1 1906
UNDERTAKER	ADDRESS
Wm J. Tuckerman	Lan & Paca

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — 94003 — Registered No. B 94003

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 Scott St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George William Dennis

{Residence, if in Baltimore, Give Street and Number.} 1101 Scott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 21st 1887

AGE: 18 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Dennis

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Margaret F. Krug

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Dennis

(Address) 1101 Scott St.

Filed 9/29 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1906 to Sept 27th 1906 that I last saw him alive on Sept 27th 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 10 DAYS

Contributory (Primary.) Congestion of Brain (DURATION) 10 DAYS

(Signed) H. Kebner M.D.

Address 723 W. Lombard St.

Date Sept. 28th 1906

Place of Burial New Cathedral

Date Mon. Oct 1 1906

Undertaker Wm J. Dickenson Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14th Wa 94004 Registered No. B 94004

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Pistel

{ Residence, if in Baltimore, Give Street and Number. } 537 W. Baltimore, Sth

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 6 1856

AGE 50 years, 7 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John N. Pistel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lena Hoffman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Pistel

(Address) 646 W. Conway St.

Filed 9/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28th 1906

I HEREBY CERTIFY, That I attended deceased from July 28 1906 to date 1906 that I last saw him alive on 28th inst. 1906, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(Duration) Not known

(DURATION) DAYS

Contributory (Primary.) Abscess of thigh

Not known (DURATION) DAYS

(Signed) Ellis Roberts M.D.

Address University Hospital

Date Sept. 28th, 1906

Place of Burial London Park

Date Sept 30 1906

Undertaker Geo. Berk

Address 594 N. Biddle St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

94005

Registered No. B 94005

CERTIFICATE OF DEATH.

(Place of Death.) No. 417 N Gilmore St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernst Schmidt

{Residence, if in Baltimore, Give Street and Number.} 417 N Gilmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 21 1877

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Peter Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Hyman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Schmidt

(Address) 417 N. Gilmore

Filed 9/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1906

I HEREBY CERTIFY, That I attended deceased from 27th 1906 to 27th 1906

that I last saw h alive on 27 1906

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Neurolysis Heart

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) C. F. Wittstein M.D.

Address 819 N Eutaw

Date Sept 29th 1906

Place of Burial Loudon Park

Date Sept 29th 1906

Undertaker Geo. G. Sims

Address 534 N. Bridle

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 Registered No. B 94006

94006

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name John Colbabuch (Golbabuch)

{Residence, if in Baltimore, Give Street and Number.} Little Italy Poor

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Graat

(Address) 1904 Eastland Ave.

Filed 9/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1906 to Sept. 28 1906

that I last saw him alive on Sept. 28 1906

and that death occurred, on the date stated above, at 3:40 P.M. CAUSE OF DEATH (Secondary or Immediate

Kidney disease

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ida Dorsey M.D.

Address City Hospital

Date Sept. 29th 1906

Place of Burial St. Alphonsus

Date Oct. 1. 1906

Undertaker Frank Graat

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 94007

94007

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Robert Hollingsworth

{Residence, if in Baltimore, Give Street and Number.} 1004 E North Ave

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White Male

DATE OF BIRTH Dec. 23 1860

AGE 40 years, 9 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Chas. R Hollingsworth

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Longstreth

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Hollingsworth

(Address) 3400 W North Ave

Filed 9/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28th 1906

I HEREBY CERTIFY, That I attended deceased from July 9 1906 to Sept 28 1906

that I last saw h[e] alive on Sept 28 1906

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Ulcerative endocarditis

Several months (DURATION) DAYS

Contributory (Primary) Chronic endocarditis

duration several years (DURATION) DAYS

(Signed) J. E. Atticks M.D.

Address 609 Cathedral St

Date Sept. 29th 1906

Place of Burial Druid Ridge

Date Oct - 1 - 1906

Undertaker Chas. E. Franck

Address 766 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, Md.

Ward 10

Registered No. B 94008

94008

CERTIFICATE OF DEATH.

(Place of Death.) No. 214 N. Eakhorn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Morgan

{Residence, if in Baltimore, Give Street and Number.} 214 N. Eakhorn St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas E Morgan

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alice Brinkmyer

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1300 W. Lombard

Filed 9/29 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1906 to ..... 190..

that I last saw h— alive on Sept 28 1906,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

About 5 months foetus

lived about one hour

This was a ..... (DURATION) ..... DAYS

due to natural cause

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) John C. Found M.D.

Address 1300 W. Lombard st

Date Sept. 28 1906

Place of Burial Loudon Park

Date Sept 29th 1906

Undertaker John Fields

Address 1201 W. Lombard st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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94009

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94009

Registered No. B

City of Baltimore, (No. 2462 Druid Hill St.; Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Rebecca Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: white

DATE OF BIRTH: Feb (Month) 18 (Day) 1830 (Year)

AGE: 76 years, 7 months, 10 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Jacob Wachter

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Margaret Mitreich

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed Sept 29 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 28 1906

that I last saw h~~er~~ alive on Sept 27 1906.

and that death occurred, on the date stated above, at 8 30 A. M. The CAUSE OF DEATH was as follows:

old age

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Claude Thomas M. D.

Sept 28 1906 (Address) 1655 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lemistown Md	Oct 1st 1906
UNDERTAKER	**ADDRESS**
Geo W Little	531 N Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

94010

Ward 7 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Julius Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Single

{Residence, if in Baltimore, Give Street and Number.} Baltimore County

94010

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1

AGE 45 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Westley Harriad

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Palley Harried

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Single

(Address) Sparrows Point

Filed Sept. 29 1906 Registrar

Laich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 26 06 190

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to ~~.....~~ 190

that I last saw h~~.....~~ alive on ~~.....~~ 190 ;

and that death occurred, on the date stated above, at 9.55

M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carretta M.D.

Address Coroners Office

Date 190

Place of Burial Woburn

Date Sept 29 190 6

Undertaker R F Elliott

Address 502 Regan Ave

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 94011

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willie Cadden

{Residence, if in Baltimore, Give Street and Number.} 1421 Hull St

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 30 1901

AGE: 4 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos. Cadden

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Honora Durkin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Cadden

(Address)

Filed 9/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 29 1906 that I last saw h alive on Sept 29 1906 and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet fever with cellulitis of neck 2nd & mastoiditis Sept 11th to 29th (DURATION) 18 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas L Jennings M.D.

Address St Josephs Hospital

Date Sept 29 1906

Place of Burial Holy cross cemetery

Date Sept 30 1906

Undertaker Dan'l & Margaret E. Flynn

Address 426 West St

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore 94012

Ward ..... 94012 Registered No. B 94012

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Graillie

{ Residence, if in Baltimore, Give Street and Number. } Lunenburg Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 18 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Graillie

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lillie Hardy

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wavely Graillie

(Address) 1212 Peabody Street

Filed 9/29 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 29 1906 that I last saw h[illegible] alive on Sept 29 1906, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W9 MacCallum M.D.

Address Johns Hopkins Hospital

Date Sept 29" 1906

Place of Burial Lunenburg. Va

Date Sept 30" 1906

Undertaker Geo. M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

94013

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 52 E. Hill St. St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Aloysius Walsh

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Sept. (Month) 29 (Day) 1906. (Year)

AGE 5 hours. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER J. G. Walsh.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Anna McMeahon

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Muldoon M. D.

(Address) 603 S. Sharp St.

Filed 9/29/ 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. (Month) 29 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 29 1906 to Sept 29 1906, that I last saw him alive on Sept 29 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Congenital Heart Disease (DURATION) Days

Contributory (DURATION) DAYS

(Signed) C. Muldoon M. D.

Sept 29 1906. (Address) 603 S. Sharp

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral | DATE OF BURIAL Sept 29 1906

UNDERTAKER E. J. Weidefeld & Sons | ADDRESS 211 E. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 94014 — Registered No. B 94014

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earl Straugh

{Residence, if in Baltimore, Give Street and Number.} 1210 E. Monument St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX W | COLOR W

DATE OF BIRTH Sept 6 1906

AGE — years, 1 months, 11 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Earl Straugh

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margaret Lamb

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [signature]

(Address) 210 E. Monument

Filed 9/30 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Sept 29 1906

that I last saw h~~im~~ alive on Sept 29 1906,

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) 41 DAYS

Con ributory (Primary) asthenia (DURATION) DAYS

(Signed) M. L. Gadd. M.D.

Address 1202 E Monument St.

Date 9/29 1906

Place of Burial Baltimore Cemetery

Date Sept 30" 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 94015 — Registered No. B 94015

CERTIFICATE OF DEATH.

(Place of Death.) No. 264 London Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Kuhlmann

{Residence, if in Baltimore, Give Street and Number.} 264 London ave

Duration of Residence in Baltimore. 36 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Wh.

DATE OF BIRTH: Apr. 23 1850

AGE: 56 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington. D.C.

FULL NAME OF FATHER: Chas. F. Kuhlemann.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Lizzette Hahgaman.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Butter. Dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Kuhlemann.

(Address) 264 London ave.

Filed 9/30 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 28 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to Sept. 28 1906

that I last saw him alive on Sept. 28 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart & Valvular disease with Dropsy

one year (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) W. B. Hall M.D.

Address Mt Washington

Date Sept 29 1906

Place of Burial St Paul Gr Luth County

Date Oct 1 1906

Undertaker Mrs Andrew Roberts Sons

Address 1730 Penna Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward W 94016 Registered No. B 94016

CERTIFICATE OF DEATH.

(Place of Death.) No. 726 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E Goodland

{Residence, if in Baltimore, Give Street and Number.} 726 W Lexington St

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: January 21st 1836

AGE: 70 years, 8 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Kent Island, Md

FULL NAME OF FATHER: Samuel K. White

BIRTHPLACE OF FATHER (State or country): Kent Island Co, Md.

MAIDEN NAME OF MOTHER: Katherine D. White

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse K. Goodland

(Address) Cumberland, Md

Filed 9/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 29 1906

that I last saw her alive on Sept 29 1906,

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate

Interstitial Nephritis

Uraemia

(DURATION) 14 DAYS

Contributory (Primary.) Dyspnoea

(DURATION) DAYS

(Signed) August Horn M.D.

Address 732 W Mulberry St

Date Sept 29th 1906

Place of Burial Queen Anne's Co Md

Date October 1 1906

Undertaker Wm Andrew Robertson

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94017

Registered No. B .....

City of Baltimore, (No. 2466 Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Irma J. Frey

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Frederick Kelb

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) — —.

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Jenis F Frey

(Address) 2466 Druid Hillave

Filed 9/30 6 190 .....

BARRY O. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Sept 29 1906 that I last saw h[illegible] alive on Sept 29 1906, and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Diphtheria Followed by Paralysis of Muscles of Throat & Heart

(DURATION) 14 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Fred D Blake M. D.

Sept 29 1906 (Address) 1014 W Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Druid Ridge | DATE OF BURIAL Sept 30 1906

UNDERTAKER John E Hough & Co | ADDRESS 1427 Pacas

WM. J. C. DULANY CO., BALTIMORE.

3 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94018

IX

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94018

City of Baltimore, (No. 204 Myrtle Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR Colored

DATE OF BIRTH Sept 29-th 1906.
(Month) (Day) (Year)

AGE 89 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Fountain -

BIRTHPLACE OF FATHER (State or country) Somerset Co Md -

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Lee -

(Address) 204 Myrtle Ave -

Filed 9/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Sept 29 1906 that I last saw h[er] alive on Sept 28 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Entero Colitis

Sepsis (DURATION) DAYS

Contributory Specific (DURATION) DAYS

(Signed) Joseph Blum M. D.

1906 (Address) 1116 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel cemetery — DATE OF BURIAL Oct 1st 1906

UNDERTAKER Geo. H. Holland — ADDRESS 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

2

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94019

140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94019

City of Baltimore, (No.) 1000 Gouldsboro St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harris Galow

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	June 1863 (Month) (Day) (Year)
AGE	42 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Tobias
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Dosha Kalvarsky
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Milk Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Mayer

(Address) 16 E Madison Ave

Filed 9/30 1906 Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to September 1906 that I last saw him alive on 27 September 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cancer of the Liver

Apoplexia

(DURATION) 180 DAYS

Contributory

(DURATION) DAYS

(Signed) A Mayer M. D.

9/29 1906 (Address) 16 E Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Rd Ken sur	Sept 30 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lovest

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 94020 — Registered No. B 94020

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 N Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sydney Stolorff

{Residence, if in Baltimore, Give Street and Number.} 24 N Bond St

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Morris Stolorf

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Unwitz

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Morris Stolorf

(Address) 24 N Bond st

Filed 9/30 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Sept 30 1906

that I last saw him alive on Sept 29 1906

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Scarlatina

10 d (DURATION) DAYS

Contributory (Primary.) Convulsions

Sepsis (DURATION) DAYS

(Signed) C. F. Bleh M.D.

Address 1523 E Balto

Date Sept 30 1906

Place of Burial Philip Rd Hebrew

Date Sept 30, 1906

Undertaker Mph Levinson

Address 1128 Low st

12 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 94021 — Registered No. B 94021

CERTIFICATE OF DEATH.

(Place of Death.) No. 146 Grove St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Elizabeth C. Brady

{Residence, if in Baltimore, Give Street and Number.} 146 Grove str. N.

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 1st 1905

AGE 1 years ___ months 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Geo. R. Brady

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Kate Spencer

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. R. Brady

(Address) 146 Grove str. N.

Filed 9/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 22nd 1906 to Sept. 29th 1906

that I last saw her alive on Sept. 29th 1906

and that death occurred, on the date stated above, at 7 A.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Acute Enteritis (DURATION) 7 DAYS

Contributory (Primary) Colitis

(DURATION) DAYS

(Signed) Hallie A. Meyer M.D.

Address 1031 N Caroline Str

Date Balto. Md. Sept. 29th 1906.

Place of Burial St Alphonsus Cemetery

Date Oct 1 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Pa Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 94022 — Registered No. B 94022

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Trout.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept. 16th 1875

AGE: 31 years, — months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Staunton Va

FULL NAME OF FATHER: Philip Henry Trout

BIRTHPLACE OF FATHER (State or country): Pob Republic

MAIDEN NAME OF MOTHER: Olivia Benson

BIRTHPLACE OF MOTHER (State or country): Montgomery Alabama

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. F. Riggs

(Address) 1514 Division St.

Filed 9/30/ 190.6 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 30th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 10th 1906 to Sept. 30th 1906 that I last saw him alive on Sept. 30th 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs & Pneumonia following Perforating Duodenal Ulcer

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 20 DAYS

(Signed) C. F. Riggs M.D.

Address 1514 Division St

Date Sept. 30 1906

Place of Burial Staunton Va

Date Sept 30 1906

Undertaker Jos B. Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94023

City of Baltimore, (No. 1523 (Gough st) St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Stein

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: June (Month) 7 (Day) 1906 (Year)

AGE: ..... years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Harry Stein.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rifkie Paen

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Whitehead

(Address) 1115 Madison Ave.

Filed Oct 1 st 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 30 1906 that I last saw h[er] alive on Sept 30 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Asthenia

(DURATION) 7 DAYS

(Signed) Alfred Whitehead M. D.

Sept 30, 1906 (Address) 1115 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philip Rd Rosedale — DATE OF BURIAL: Oct 1, 1906

UNDERTAKER: Max L Levinson — ADDRESS: 1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

Registered No. B 94024

CERTIFICATE OF DEATH.

(Place of Death.) No. 748 George St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mattie M. Hamilton

{ Residence, if in Baltimore, Give Street and Number. } 1113 Argyle Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 12, 1873.

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Frank Hamilton

BIRTHPLACE OF FATHER (State or country) Queen Anns Co. Md.

MAIDEN NAME OF MOTHER Joanna F. Stansbury

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr I Hamilton Jr,

(Address) 1113 Argyle Ave.

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30, 1906.

I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1906 to Sept. 29, 1906, that I last saw her alive on Sept 29, 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) Coma DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) W. Reed Magruder, M.D.

Address 932 Madison Ave

Date Oct. 1, 1906.

Place of Burial London Park

Date ~~Sept 3~~ Oct 3 1906

Undertaker Geo W Little

Address 0319 N Fremont ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, *condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 — 94025 — Registered No. B [redacted]

CERTIFICATE OF DEATH.

94025

(Place of Death.) No. 1122 6 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank L Newberger

{Residence, if in Baltimore, Give Street and Number.} 1122 6 Cleveland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 2 1906

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Lawrence A Newberger

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catharine Rabun

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cath Newberger

(Address) 1122 6 Cleveland

Filed 10/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Sept 30 1906 that I last saw h in alive on Sept 27 1906, and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

6 weeks (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 853 Columbia Ave

Date Sept 30 1906

Place of Burial St Peters ~~Baltimore~~ Cem.

Date Oct 1 1906

Undertaker Crowley Bros

Address 251 N. Fulton Ave 1500 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 94026 — Registered No. B 94026

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 302 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mamie Courtard

{Residence, if in Baltimore, Give Street and Number.} 302 N. Gilmor St

Duration of Residence in Baltimore. 39 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 16" 1865

AGE: 40 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Hughs Riley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Helen Brady

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Riley

(Address) 302 N. Gilmor St.

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 28" 1906

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to Sept 28 1906 that I last saw h-er alive on Sept 28 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 2 mos

(Signed) J. W. Blaney M.D.

Address 110 S. Gilmor St

Date Sept 28" 1906

Place of Burial New Cathedral

Date Oct 1st 1906

Undertaker Crowley Bros

Address 251 N. Fulton Ave
1610 N. Bulb St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 17

94027 Registered No. B 94027

CERTIFICATE OF DEATH.

(Place of Death.) ~~No.~~ University Hospital ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Dangle

{Residence, if in Baltimore, Give Street and Number.} 404 S. Stricker St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 1st 1869

AGE 36 years, 9 months, 29 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bronie V. Dangle

(Address) 404 S Stricker St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Sept 30 1906 that I last saw him alive on 9/30 1906 and that death occurred, on the date stated above, at 11.05 A.M. CAUSE OF DEATH (Secondary or Immediate

Peritonitis

(DURATION) 3 DAYS

Contributory (Primary.) Typhoid Fever. (DURATION) DAYS

(Signed) F. R. Winslow. M.D.

Address Univ. Hosp.

Date 9/30 1906

Place of Burial Most Holy Rosary Cem

Date October 3rd 1906

Undertaker Wm B Crothers

Address 231 S Stricker St

HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

94028

Registered No. B 94028

CERTIFICATE OF DEATH.

(Place of Death.) No. 2700 N. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Boscom E. Peddicord

{Residence, if in Baltimore, Give Street and Number.} 2700 N Charles st

Duration of Residence in Baltimore. Forty four (44) years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Sept 29th~~ April 2 1843

AGE: 63 years, 5 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Howard Co. Md

FULL NAME OF FATHER: Asbury Peddicord

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Eliza Rowles

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: Gen. Baggage agent B&O R.R.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: James E Green

Address: 7 E. 27th St.

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22nd 1906 to Sept 29th 1906

that I last saw h[illegible] alive on Sept 29th 1906,

and that death occurred, on the date stated above, at 4.30 P. M., CAUSE OF DEATH (Secondary or Immediate)

Dilatation of the heart &
heart failure

(DURATION) 7 DAYS

Contributory (Primary) Acute Bright's disease (DURATION) 90 DAYS

(Signed) Cecil E. Stewart M.D.

Address 122 W. 23rd St.

Date Sept 29th 1906

Place of Burial Loudon Park Cem

Date Oct 2nd 1906

Undertaker H. O. Jenkins Und Co

Address 233 N Saratoga St

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 94029 — Registered No. B 94029

CERTIFICATE OF DEATH.

(Place of Death.) No. Charles St Avenue near Perrymon Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel C. Mason

{Residence, if in Baltimore, Give Street and Number.} Charles St Avenue

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: January 14 1850

AGE: 51 years, 8 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James D Mason

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Cooke

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabel A. Bartlett

(Address) Roland Park

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 27th 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ 1886 to Sept. 27th 1906 that I last saw him alive on Sept 25 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fatty Degeneration of Heart; Angina Pectoris.

(DURATION) DAYS

Contributory (Primary) Nephritis

(DURATION) DAYS

(Signed) J. L. Shearer M.D.

Address 905 N. Charles St

Date Sept. 28th 1906

Place of Burial Greenmount Cem

Date Monday Oct 1st 1906

Undertaker Henry H. Jenkins Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94030

City of Baltimore, (No. 906 N. Central Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susanna Veal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James L. Smick

(Address) 906 N. Central Ave

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 8 1906 to Sept 29 1906

that I last saw her alive on Sept 29 1906,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) Geo Feyerer M. D.

Sept 30 1906 Address 1735 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: 190

UNDERTAKER

ADDRESS

Armstrong Denny Co., 715 Light Street.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94031

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94031

City of Baltimore, (No. 1631, Edmondson Av St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Almira Augusta Wheat

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 13 (Day) 1844 Year

AGE: 62 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Essex Co. Virginia

FULL NAME OF FATHER: Richard Godwin

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wheat

(Address) 1631 Edmondson Ave.

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 29th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1906 to Sept 29th 1906 that I last saw her alive on Sept 29th 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cerebral hemorrhage + general debility.

(DURATION) 6 DAYS

Contributory Arteriosclerosis, Organic heart lesion (DURATION) 2 years

(Signed) J. Dawson Redeker M. D.

Sept 29th 1906 (Address) 1625 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 1 1906

UNDERTAKER: Chas E Franck

ADDRESS: 746 Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Florence Crittenton Home

Registered No. B 94032

City of Baltimore, (No. 837 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raymond Alexander Walker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 7 (Day) 1906 (Year)

AGE: ~ years, 4 months, 23 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: Molly Walker

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Molly Walker

(Address) 837 Hollins St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 30th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 5th 1906 to Sept 30th 1906

that I last saw him alive on Sept. 29th 1906,

and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:

Gastro-enteritis.

(DURATION) 21 DAYS

Contributory

(DURATION) DAYS

(Signed) Maynard Willis M. D.

Sept. 30th 1906 (Address) 810 Hamburg

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Oct 1 1906
UNDERTAKER	ADDRESS
Chas E Franch	746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 94033 — Registered No. B 94033

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 N. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Horace L. Miller

{Residence, if in Baltimore, Give Street and Number.} 100 N. Milton Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 1878
AGE	28 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Miller
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Sophia L. Miller
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia L. Miller

(Address) 100 N. Milton Ave.

Filed 10/1 1906 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28 1906

I HEREBY CERTIFY, That I attended deceased from May 1906 to Sept. 28 1906

that I last saw h— alive on " 28 1906

and that death occurred, on the date stated above, at 2

1— M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

5 Months (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Jas C Bruce M.D.

Address 1713 Bank St

Date Sept 29 1906

Place of Burial London Park Cemy.

Date Oct 1st 1906

Undertaker John A. Daiger

Address 223 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94034

City of Baltimore, (No. 1412 Mc Elderry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanche Parisien

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: September (Month) 18 (Day) 1906 (Year)
AGE: ____ years, 5 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): Balto. Md
FULL NAME OF FATHER: Joseph Parisien
BIRTHPLACE OF FATHER (State or country): New York
MAIDEN NAME OF MOTHER: Lillian Sandler
BIRTHPLACE OF MOTHER (State or country): Russia
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Parisien
(Address) 1412 Mc Elderry

Filed 10/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1906 to Sept 30 1906 that I last saw h er alive on " " 1906, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Convulsions
4 hours (DURATION)

Contributory
(DURATION) DAYS

(Signed) F. A. Farnen M. D.
Oct 1 1906 (Address) 14 or Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philadelphia Road Harford Co.
DATE OF BURIAL: 10/1 1906
UNDERTAKER: Max Levenschon
ADDRESS: 1138 Lon. St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94035

City of Baltimore, (No. 103 S. Spring St.; 3 Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ezra Hoffman

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Unknown. 1 (Month) (Day) Year)

AGE: approximate. 62 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: M.

BIRTHPLACE (State or country): Russia —

FULL NAME OF FATHER: Louis Hoffman.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Sarah.

BIRTHPLACE OF MOTHER (State or country): Russia —

OCCUPATION OF DECEASED: Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hoffman

(Address) 103 S. Spring St

Filed 10/1 - 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 30 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 25. 1906 to Sept. 30 1906

that I last saw h— alive on Sept 30 1906,

and that death occurred, on the date stated above, at 2 15 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis — Uraemia —
Nephritis Calculus
Resection — Enlarged Prostate

(DURATION) 15 DAYS

Contributory General Debility & Cardiac Failure — (DURATION) 2 DAYS

(Signed) Casper L. Whitehead M. D.

Sept 30 1906 (Address) 1245 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philadelphia Road Harewood	10/1 1906
UNDERTAKER	ADDRESS
Max Levenson	1838 Low St

WM. J. C. DULANY CO., BALTIMORE.

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 94036 — Registered No. B 94036

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N. Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Ramm

{Residence, if in Baltimore, Give Street and Number.} 812 N. Franklin St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH ——— 1 ———

AGE 74 years, ——— months, ——— days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Hester Dill

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Regina Gauthey

(Address) 812 N Franklin St

Filed 10/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to Sept 30 1906 that I last saw h[er] alive on Sept 30 1906 and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 6 Years

(Signed) Jno. Thos. Ward M.D.

Address 812 N Franklin St

Date Sept 30 1906

Place of Burial St Alphonsus

Date Oct 2nd 1906

Undertaker John F Cowan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94037

City of Baltimore, (No. 1427 Argyle Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances E Oldershaw

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct - 10 - 1823
(Month) (Day) (Year)

AGE Eighty two years, Eleven months, 22 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Oldershaw

(Address) 1427 Argyle Ave

Filed 10/1 1906

MARY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28th 12 30 P.M. 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Sept 28th 1906

that I last saw her alive on " " 1906,

and that death occurred, on the date stated above, at 1 30 P. M. The CAUSE OF DEATH was as follows:

Heart failure from decay of the vital powers promoted & hastened on by the high temperature of the atmosphere (DURATION) DAYS

Contributory There was no organic or functional disease whatever. (DURATION) 9 DAYS

(Signed) Wm H. Barnes M. D.

Sept 29th 1906 (Address) 1525 West Lanvale St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cem. | DATE OF BURIAL Oct 1st 1906

UNDERTAKER Bertram W Gore | ADDRESS 1235 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 94038 — Registered No. B 94038

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CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Pages St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Watkins.

{Residence, if in Baltimore, Give Street and Number.} 933 Pages St.

Duration of Residence in Baltimore. Lifetime — 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Colored.

DATE OF BIRTH ____ 1846

AGE 60 years, ____ months, ____ days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Noah Davis

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Watkins

(Address) 933 Pages St.

Filed 10/1 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Sept 29 1906 that I last saw her alive on Sept 29 1906. and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease
Asthenia.

Asthenia about 10 (DURATION) DAYS

Contributory (Primary.) Brights disease about 3 mos (DURATION)

(Signed) E. A. Munoz M.D.

Address 1801 Guilford Ave
Balto Sani Disp. 6510 W. Get. St.

Date 9/29 1906

Place of Burial Mt. Auburn

Date Oct 1 et. 1906

Undertaker Alford & Freeland

Address No 1126 Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94039

City of Baltimore, (No. 2p. Frederick Ave. St.; 2d. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christian J. Kirchner.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH 1859 (Year) August (Month) 19. (Day)

AGE 47 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Wallau, Hessen.

FULL NAME OF FATHER Carl Kirchner

BIRTHPLACE OF FATHER (State or country) Britenstein, Hessen

MAIDEN NAME OF MOTHER Maria Blucher.

BIRTHPLACE OF MOTHER (State or country) Wallau, Hessen.

OCCUPATION OF DECEASED Moulder.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Vollmann, M. D.

(Address) 16. Frederick Ave.

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September. 30. 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 29. 1906. to Sept. 30. 1906
that I last saw him alive on Sept. 30. 1906,
and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Apoplexy, supervening
during Chronic
Alcoholism of several
Years (DURATION) DAYS

Contributory Alcoholism of
many years (DURATION) DAYS

(Signed) A. F. Vollmann, M. D.

Sept. 30. 1906 (Address) 16. Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park — DATE OF BURIAL Oct. 2 1906

UNDERTAKER C. W. Dill — ADDRESS 810 Fredk. Ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 94040 — Registered No. B 94040

CERTIFICATE OF DEATH.

(Place of Death.) No. 38 Carroll Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Arnold

{Residence, if in Baltimore, Give Street and Number.} 38 Carroll Ave

Duration of Residence in Baltimore. 58 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 1836
AGE	70 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Arnold

(Address) 38 Carroll Ave.

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept. 29 1906 that I last saw h-im alive on Sept 29 1906, and that death occurred, on the date stated above, at 10.1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (DURATION) 14 DAYS

Contributory (Primary.)

Chronic Hemiplegia (DURATION) 9 Yrs

(Signed) Howard W Jones M.D.

Address Spring & Eau.

Date Sept 30 1906

Place of Burial Mt Olivet Cem.

Date Oct 1st. 1906

Undertaker Charles W. Dill

Address 810 Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94041

City of Baltimore, (No. 503 Jefferson Court St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Jenkins

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR C.

DATE OF BIRTH 1870
(Month) (Day) Year)

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Perry Jenkins

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Grace Jenkins

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory Station

(Address) 503 Jefferson Court

Filed 10/1 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30/06 190
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 25 190 to Sept. 30/06 190

that I last saw h e alive on Sept 26 1906

and that death occurred, on the date stated above, at 6.30 A.M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis -
probably Phthisis -

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) A. L. Levy. M.D.

190 (Address) 433 Aisquith St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel, Cemetery	Oct. 2 190 6
UNDERTAKER	ADDRESS
Felix B. Pyz	102 E. Madison

HARRY C. ANDREWS
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 94042

94042

CERTIFICATE OF DEATH.

(Place of Death.) No. #515 N. Bond St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Ruppert

{ Residence, if in Baltimore, Give Street and Number. } #515 N. Bond St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 15th 1828
AGE	78 years, 2 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ruppert

(Address) 515 N. Bond St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1906 to Sept 29th 1906

that I last saw h 21 alive on Sept 28th 1906

and that death occurred, on the date stated above, at 12.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. Klemer M.D.

Address 1501 E. Fay or Pk

Date Sept 30th 1906

Place of Burial Baltimore Cemetery

Date 10/1/06 1906

Undertaker Jno. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94043

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94043

City of Baltimore, (No. ~~Calvp~~ 616 Bradley St; ~~St.~~; ~~Ward~~) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Calvp Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Sept (Month) 28 (Day) 1 (Year)

AGE: 61 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Josh Williams

BIRTHPLACE OF FATHER (State or country): Harford Co Md

MAIDEN NAME OF MOTHER: Annie Morgan

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Berry

(Address) 616 Bradley St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 27. 1906 to Sept 28. 1906

that I last saw him alive on Sept 27 1906

and that death occurred, on the date stated above, at 7.20 P. M. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 5 DAYS

Contributory Tuberculosis (DURATION) 14 DAYS

(Signed) Mary F Coughlin M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Oct 2 1906

UNDERTAKER: W F Elliott — ADDRESS: 506 Roger

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 94044 — Registered No. B 94044

CERTIFICATE OF DEATH.

(Place of Death.) No. 1806 W Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph E. Worthington

{Residence, if in Baltimore, Give Street and Number.} 1806 W Mosher St

Duration of Residence in Baltimore. 10 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1—

AGE: 72 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Harford County Md

FULL NAME OF FATHER: Chas Worthington

BIRTHPLACE OF FATHER (State or country): Harford County Md

MAIDEN NAME OF MOTHER: Mary Markland

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth C Worthington

(Address) 1806 W Mosher St

Filed 10/1 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 30 th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 th 1906 to Sept 30 th 1906

that I last saw him alive on Sept 29 th 1906.

and that death occurred, on the date stated above, at 12 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Inflammation

he was complaining with pain for some days

(DURATION) 8 DAYS

Con'ributory (Primary.) Age, with partially some misformation in bladder (DURATION) DAYS

(Signed) Geo H Baines M.D.

Address 21 W 25 th St

Date Sept 30 th 1906

Place of Burial Havre De Grace Md

Date October 2nd 1906

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94045

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94045

City of Baltimore, (No. 520, N. Fremont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John A. Curtis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 20 1837 (Month) (Day) (Year)
AGE	69 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	John D. Curtis
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary A. Richstein
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Francis E. Curtis

(Address) 520 N. Fremont St.

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 24 1906 to Sept. 29 1906 that I last saw h... alive on Sept. 29 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Senile dementia

since about Aug 1 (DURATION) 1906 DAYS

Contributory alcoholism

(DURATION) ... DAYS

(Signed) Jno. Dulany Thomas M. D.

Oct 1 1906 (Address) 633 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Fowdun Park — DATE OF BURIAL Oct 2 1906

UNDERTAKER Wm Cook — ADDRESS 802 E North

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward 14

94046 Registered No. B 94046

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 W. Lexington St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Madora E Smith

{Residence, if in Baltimore, Give Street and Number.} 1628 W Lexington St

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 20 1867

AGE 39 years, 5 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Telgman Andrew

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Emeline Wright

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Marshall Smith

(Address) 1628 W Lexington St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 th 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Sept 30 1906 that I last saw h-r alive on Sept 29 1906, and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

6 Mos (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1901 Hollins St

Date 190

Place of Burial Loudon Park

Date Oct 2 1906

Undertaker Wm J Jackson & Son

Address Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 22 — 94047 — Registered No. B 94047

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm J. Gibson

{Residence, if in Baltimore, Give Street and Number.} 508 S. Eutaw st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. City Md.

FULL NAME OF FATHER: Nathaniel Gibson

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md.

MAIDEN NAME OF MOTHER: Matilda L. Matthews

BIRTHPLACE OF MOTHER (State or country): Baltimore City Md.

OCCUPATION OF DECEASED: Caterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Armstead

(Address) 837 Druid Hill Ave

Filed 10/1 1906

HARRY G. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17 1906 to Sept 19 1906 that I last saw him alive on Sept 19 1906, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

@ 4 Mos. (DURATION) DAYS.

Contributory (Primary.) Cardiac failure

2 (DURATION) DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date Sept 30 1906

Place of Burial Laurel ct

Date Oct. 2d 1906

Undertaker S. L. Broumgard son

Address 108 N. Montgomery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

94048 Registered No. B 94048

CERTIFICATE OF DEATH.

27

Place of Death.) No. 708 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Daly

{ Residence, if in Baltimore, Give Street and Number. } 708 Aisquith st

Duration of Residence in Baltimore. 57 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1838

AGE: 68 years, — months, — days

SINGLE, ~~MARRIED WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Owen Daly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Cooper

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Kate E Smyth Niece

Address: 708 Aisquith st

Filed 10/1 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to Sept 30th 1906

that I last saw h er alive on Sept 30 1906

and that death occurred, on the date stated above, at 8 a.m. CAUSE OF DEATH (Secondary or Immediate) Phthisis Pulmonalis

(DURATION) 355 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Little M.D.

Address 28 Aisquith st

Date Oct 1st 1906

Place of Burial St Patricks Cemetery

Date October 3rd 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 94049 — Registered No. B 94049

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S. Boud St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Pischnki

{Residence, if in Baltimore, Give Street and Number.} 618 S Boud St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 11 months, 16 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single.

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: William ~~Pischnki~~ Pischnki

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Pelagija Swencichowska

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Pischnki

(Address) #618 S. Boud St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Sept 30 1906

that I last saw him alive on Sept 29 1906,

and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Contributory (Primary) Exhaustion (DURATION) 15 DAYS

(DURATION) DAYS

(Signed) G. C. Blades M.D.

Address 143 N Broadway

Date 190

Place of Burial Holy Rosary

Date OCT 1 - 1906 190

Undertaker M. F. SADOWSKI

Address 703 S. Ann St

RAINY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 94050 — Registered No. B 94050

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 817 W Durham St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Karvasek

{ Residence, if in Baltimore, Give Street and Number. } 817 W. Durham St

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 1 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Karvašek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Anna Zlatovalek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Karvasek

(Address) 817 W. Durham St

Filed 10/1 190 6

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 9.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

3 Weeks (DURATION) — DAYS

Contributory (Primary.) Enteritis. (DURATION) ... DAYS

(Signed) William J. Eyssell M.D.

Address 2008 Ashland Ave

Date 10/1/06 190

Place of Burial St Alphonsus

Date ~~Sept.~~ Oct. 190 6

Undertaker Frank Brach

Address 1907 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 94051 — Registered No. B 94051

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 424 N Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Emery

{Residence, if in Baltimore, Give Street and Number.} 424 N Bradford St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH Nov. 12th 1905

AGE 10 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward Emery.

BIRTHPLACE OF FATHER (State or country) Balto My

MAIDEN NAME OF MOTHER Francis Fooke

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw Emery

(Address) 424 N Bradford St

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Sept 30 1906

that I last saw her alive on Sept 30 1906

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Atrophy

Infantum

(DURATION) 30 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph E. Eisenberg M.D.

Address 2213 Orleans St

Date Sept 30 1906

Place of Burial Holy Cross

Date Oct 1 1906

Undertaker E J Tunzing

Address 1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT

Ward 19 — 94052 — Registered No. B 94052

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma C Arnold

{Residence, if in Baltimore, Give Street and Number.} 1710 W Baltimore av

Duration of Residence in Baltimore. 67 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 21 1821

AGE: 85 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: WIDOWED

BIRTHPLACE (State or country): Hilleredorf Kurhessen

FULL NAME OF FATHER: Adam Goll

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Arnold

(Address) 1710 W Balto St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 29 1906 that I last saw h er alive on Sept 29 1906, and that death occurred, on the date stated above, at 5.10 P M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Anne Bosley M.D.

Address 1701 Hollins av

Date Oct 1 1906

Place of Burial Greenmount

Date Oct 2 1906

Undertaker J C Black

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 94053 — Registered No. B 94053

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 S. Gilmor St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Blackeby

{Residence, if in Baltimore, Give Street and Number.} 105 S. Gilmor St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 22" 1855

AGE: 51 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Engle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina Fisher

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Blackeby

(Address) 105 S. Gilmor St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 28" 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3" 1906 to Sept 28" 1906

that I last saw her alive on Sept 28" 1906,

and that death occurred, on the date stated above, at 730 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary) Parenchymatous nephritis (DURATION) 2 weeks

(Signed) J O Beaver M.D.

Address 1103 S. Gilmor St

Date Sept 30" 1906

Place of Burial Loudon Park

Date Oct 1 1906

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 94054 — Registered No. B 94054

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Foster

{ Residence, if in Baltimore, Give Street and Number. } 222 South Clinton Street

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 9th 1850

AGE: 56 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wales

FULL NAME OF FATHER: Levi Davis

BIRTHPLACE OF FATHER (State or country): Wales

MAIDEN NAME OF MOTHER: Margaret Davis

BIRTHPLACE OF MOTHER (State or country): Wales

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Foster

(Address) 222 S. Clinton Str

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September 28 1906

I HEREBY CERTIFY, That I attended deceased from August 14 1906 to Sept 28 1906 that I last saw h[illegible] alive on Sept 28 1906, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of the Stomach

(DURATION) 50 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date Sept 29 1906

Place of Burial Mt. Carmel Cem

Date Oct 1 1906

Undertaker HENRY GARDNER & SONS,

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

Ward ..... Registered No. B 94055

94055

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 2222 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacob Schreiner

{Residence, if in Baltimore, Give Street and Number.} Rear 2222 Canton Ave

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 7 1835

AGE 71 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Schreiner

BIRTHPLACE OF FATHER (State or country) Not known

MAIDEN NAME OF MOTHER " '

BIRTHPLACE OF MOTHER (State or country) " '

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Schreiner

(Address) 2222 Canton Ave

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 27th 1906 to Sept. 29th 1906 that I last saw him alive on Sept 28th 1906 and that death occurred, on the date stated above, at 8:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

about a week (DURATION) DAYS

Contributory (Primary) Senility

several months (DURATION) DAYS

(Signed) Fredk. A. Consadine M.D.

Address 2224 E. Baltimore St

Date September 29th 1906.

Place of Burial Mt. Carmel Cem

Date Oct. 1 1906

Undertaker HENRY SANDER & SONS

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — 94056 — Registered No. B 94056

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 3126 O'Donnell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irving De Vaughn.

{Residence, if in Baltimore, Give Street and Number.} 3126 O'Donnell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Jan 28th 1906

AGE: — years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John A. McVaughn

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sarah Gray

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. McVaughn

(Address) 3126 O'Donnell St.

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 30 1906

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Sept. 30 1906 that I last saw h[illegible] alive on Sept. 28 1906, and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 2 mos. DAYS

Contributory (Primary.) Debility (DURATION) — DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton Ave

Date Sept. 30 — 1906

Place of Burial Mt. Carmel. ✓

Date Oct 1st 1906

Undertaker HENRY GARDNER & SONS,

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 94057 — Registered No. B 94057

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 N. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Franklin

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE [illegible] years, 6 months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benj Tator

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Nancy Tator

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancie Tator

(Address) 419 N Parish

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from as above 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis,
Sets 4 mos - treated
at Franklin Sys Hosp

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Feltrath M.D.

Address 241 W. Lanvale St

Date Sept 30. 1906

Place of Burial Mt Zion

Date Oct 1 1906

Undertaker Wm J. Johnston

Address 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

MARY C. ANDREWS
PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. B 94058

CERTIFICATE OF DEATH. 94058

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution give its Name instead of Street and Number.)

Full Name Frederick Faller

{Residence, if in Baltimore, Give Street and Number.} 214 Frederick Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Watch Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Kaltenbach

(Address) 2224 Frederick ave.

Filed 10/1 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Sept 28 1906 that I last saw him alive on Sept 28 1906, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate

Malarial fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Hugh M. Hurd M.D.

Address Johns Hopkins Hospital

Date Sept 28 1906

Place of Burial Loudan Park

Date Oct. 1st 1906

Undertaker Mrs. Geo. P. Paulus

Address 2101 Frederick ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 94059 Registered No. B 94059

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Oliver,

{Residence, if in Baltimore, Give Street and Number.} 1833 Dover St.

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 15th 1859

AGE: 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Oliver

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dora [illegible]

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Oliver

(Address) 1833 Dover St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept. 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept 17th 1906 to Sept 28th 1906

that I last saw him alive on Sept 28th 1906,

and that death occurred, on the date stated above, at 9:45 A.M.

1. CAUSE OF DEATH (Secondary or Immediate) Cardiac asthenia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Sigmoid (DURATION) DAYS

(Signed) W. W. Duke M.D.

Address University Hospital

Date Sept. 29th 1906

Place of Burial St. Paul Cemetery

Date Oct 1st 1906

Undertaker Geo Leimbacker & Son

Address 647 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 4 — 94060 — Registered No. B 94060

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Levitsky

{ Residence, if in Baltimore, Give Street and Number. } Emmegrant - Schumacher Co.

Duration of Residence in Baltimore. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE — years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Elis Levitsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Schorster

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant City Hospital.

(Address

Filed 10/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9/30 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 28 - 1906 to Sept. 30th 1906

that I last saw h[illegible] alive on Sept. 30th 1906 9 1/2 A.M. and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho - Pneumonia

(DURATION) — DAYS

Con'ributory (Primary.) —

(DURATION) DAYS

(Signed) W. H. Dorsey M.D.

Address City Hospital

Date Sept 29th 1906.

Place of Burial Philip Rd Ross Dale

Date Oct 1, 1906

Undertaker Max Levinson

Address 1138 Low st

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

94061 94061

Ward 22

Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 514 W. Conway St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Josephine Bengal

{Residence, if in Baltimore, Give Street and Number.} 514 W. Conway

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Not Known 1828

AGE 78 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Switzerland

FULL NAME OF FATHER Umher

BIRTHPLACE OF FATHER (State or country) Switzerland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Switzerland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. Haddick

(Address) 514 W Conway St

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Sept 29 1906

that I last saw h er alive on Sept 29 1906

and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 5 DAYS

Contributory (Primary.)

Prostration (DURATION) 3 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St.

Date Sept 30 1906

Place of Burial Western Cemetery

Date Oct 2nd 1906

Undertaker Geo. Weber

Address 1155 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 94062 — Registered No. B 94062

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1625 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnus M Kinneweber

{Residence, if in Baltimore, Give Street and Number.} 1625 E Federal

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: aug 30 1906

AGE: ____ years, 1 months, 1 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Rudolph C Kinneweber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Elwood Fat

BIRTHPLACE OF MOTHER (State or country): md.

OCCUPATION OF DECEASED: ~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rudolph C Kinneweber

(Address) 1625 E Federal

Date 10/1 6 190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 1 1906

that I last saw h er alive on Oct 1 1906

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 30 DAYS

Con ributory (Primary.) Exhaustion

Malnutrition (DURATION) DAYS

(Signed) A L Macdonald M.D.

Address 1501 N Broadway

Date Oct 1 1906

Place of Burial Loudon Park

Date Oct 2 190 6

Undertaker Robt J Turner

Address Bragg oliver

W. J. C. DULANY CO. BALTIMORE

(SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B 94063

94063

CERTIFICATE OF DEATH.

(Place of Death.) No. 2041 Keyser St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Mrazek

{Residence, if in Baltimore, Give Street and Number.} 2041 Keyser

Duration of Residence in Baltimore. 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Carullo M.D.

Address Coroner

Date Sept 29 06 1906

Place of Burial

Date 190

Undertaker

Address

JOHNS HOPKINS HOSPITAL

HENRY G. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 46

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

94064 Registered No. B 94064

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 West Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Emma Kenney

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 23rd. 1906

AGE — years, — months, 6 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Harry Nicholas Kenney

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Emma Seabrease

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept 23rd 1906 to Sept 29 — 1906 that I last saw h[illegible] alive on Sept 29 - 1906, and that death occurred, on the date stated above, at 11-30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage.

(DURATION) — DAYS

Contributory (Primary.) Congenital Syphilis

(DURATION) — DAYS

(Signed) G. W. Mahle M.D.

Address 622 W Lombard St.

Date Sept 29th 1906

Place of Burial .....

Date ..... 190 ...

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7th E. End. 94065 Registered No. B 94065

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fredricka Sachs.

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) Supt.

Filed 10/1 1906 BAY VIEW ASYLUM. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1906 to Sept. 30, 1906

that I last saw her alive on Sept. 30, 1906,

and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Broncho pneumonia

(DURATION) DAYS

Con tributory (~~Primary~~) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) H. W. Nicholson M.D.

Address Bay View Asylum.

Date Sept. 30, 1906

Place of Burial Baltimore Cemetary

Date October 2nd 1906

Undertaker Christian Miller

Address 2334 Jefferson St

WM. J. C. DULANY CO., Engravers

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 *Registered No. B* 94066

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1424 Gough Str *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Donat Mitchell

{Residence, if in Baltimore, Give Street and Number.} 1424 Gough St

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	56 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Poland
FULL NAME OF FATHER	Michl. Michell
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	Annie Yurek
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Manuel. Deogville

(Address 1427 Gough St

Filed Oct 2nd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Sept 30 1906

that I last saw h— alive on Sept 30 1906,

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Shenkman M.D.

Address 161 Broadway

Date Oct 1 1906

Place of Burial Holy. Rosary

Date October. 2nd 1906

Undertaker Jacob. Zialkowski

Address 428. S. Bond. St.

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

Registered No. B 94067

40

CERTIFICATE OF DEATH.

(Place of Death.) No 235 S. Spring St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Bunger

{Residence, if in Baltimore, Give Street and Number.} 235 So. Spring St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) U. S.

FULL NAME OF FATHER Albert Bunger

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dorothea Braun

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Buenger

(Address) 235 S. Spring St

Filed Oct 2nd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Sept 29 1906 that I last saw h[illegible] alive on Sept 29 1906, and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Gastric Cancer -

(DURATION) DAYS

6 or 8 Months

(Signed) Eno L. Mettin M.D.

Address 6 N. Broadway

Date Oct 1 06

Place of Burial Hooley Rendeasmer

Date Oct 2nd 1906

Undertaker Wendell Dispel Low

Address 330 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

94068

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94068

Registered No. B .....

City of Baltimore, (No. 2411, Stockton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Kohlepp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Aug 29 (Month) 1905 (Day) (Year)

AGE: 1 years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: John Kohlepp

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rosin Wild

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kohlepp

(Address) 2411 Stockton St

Filed 10/2 1906

HARRY O. ANDREWS, Registrar

PERMIT ISSUED

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 1st (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Sept 29 1906

that I last saw her alive on Sept 29 1906,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) James Kohlepp M. D.

Oct 1 1906 (Address) 2405 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Oct 2 1906

UNDERTAKER: Mrs Andrew Rohde Son

ADDRESS: 430 Greene

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of [illegible]

Ward 15

94069 Registered No. B 94069

164

CERTIFICATE OF DEATH.

(Place of Death.) No. 2430 S Ureton St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name John D. Wild

{ Residence, if in Baltimore, Give Street and Number. } 2430 S Ureton st

Duration of Residence in Baltimore. Twenty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 24th 1872

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Wild

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Snyder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Wild

(Address) 2430 S Ureton St.

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h..... alive on ..... 190..

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage from an accidental fall while at work at Wrought Barb Co. (DURATION) 4 Hrs. DAYS

Contributory (Primary.) Fractured Skull (DURATION) ..... DAYS

(Signed) Allan Baldwin M.D.

Address 700 Lof. av. (Canton)

Date Oct. 1st 1906

Place of Burial Baltimore County

Date Oct 2 1906

Undertaker Mrs Andrew Rohde Sons

Address 720 Fremont

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 94070 — Registered No. B 94070

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrezej Ajanbowski

{Residence, if in Baltimore, Give Street and Number.} 723 S Bethel St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown.

BIRTHPLACE (State or country): ~~4~~

FULL NAME OF FATHER: ~~4~~

BIRTHPLACE OF FATHER (State or country): ~~1~~

MAIDEN NAME OF MOTHER: ~~1~~

BIRTHPLACE OF MOTHER (State or country): ~~1~~

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct. 1 1906 that I last saw h... alive on Oct. 1 1906, and that death occurred, on the date stated above, at 6.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary) Tuberculous Laryngitis (DURATION) DAYS

(Signed) Walter D. Stein M.D.

Address Bay View Hospital

Date Oct. 1 1906

Place of Burial Sacred Heart Cem.

Date Oct. 2 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — Registered No. B 94071

94071

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Delaney V. Knickton

{Residence, if in Baltimore, Give Street and Number.} 1803 Warwick av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W.

DATE OF BIRTH: Mch 12 1906

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph H. Knickton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Wheeler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Joseph H Knickton

(Address)

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 2 1906

that I last saw him alive on Oct 2 1906

and that death occurred, on the date stated above, at 6.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Acute intestinal Obstruction

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date October 2 1906

Place of Burial St Peters Cem

Date Oct 3 1906

Undertaker M Doyle and Son

Address 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward [redacted]

94072

Registered No. B 94072

165

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 S. Duncan alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John R Bennett.

{Residence, if in Baltimore, Give Street and Number.} 126 Duncan alley.

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 1906

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Bennett

(Address) 126 S. Duncan Alley

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Sept 26 1906 that I last saw him alive on Sept 26 1906, and that death occurred, on the date stated above, at 9.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Dyspeptic Diarrhoea

two months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry Whittle M.D.

Address 906 Gruneck ave

Date Sept 30. 1906

Place of Burial Old Methodist Cem

Date Oct 2nd 1906

Undertaker W Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 94073 — Registered No. B 106

CERTIFICATE OF DEATH. 94073

(Place of Death.) No. The Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Chase

{ Residence, if in Baltimore, Give Street and Number. } 3301 Walbrook Ave Balt'o

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 27=1867

AGE: 39 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Portland Pa

FULL NAME OF FATHER: Luther La. Barre

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Alice Weirback

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A Chase

(Address) 3301 Walbrook ave

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Sept 29 1906

that I last saw her alive on Sept 28 1906

and that death occurred, on the date stated above, at 1.15 P.M. CAUSE OF DEATH (Secondary or Immediate

Pelvic Peritonitis — of Ruptured Abdominal —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Church Home Infirmary

Date September 29 — 1906

Place of Burial Woodlawn Cemetary.

Date Oct 2 nd 1906

Undertaker E M Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V 94074 Registered No. B 94074

CERTIFICATE OF DEATH.

(Place of Death.) No. 1836 Gough St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. Eichner

{Residence, if in Baltimore, Give Street and Number.} 1836 Gough St —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 20th 1849

AGE: 56 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Eichner

BIRTHPLACE OF FATHER (State or country): Switzerland

MAIDEN NAME OF MOTHER: Margareth Seltzer

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Eichner

(Address) 1836 Gough St

Filed 10/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept — 30 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Sept 30 1906

that I last saw h — alive on Sept 29 1906,

and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate

1) 2)

Perforation Peritonitis — secondary to accidental abdominal puncture — (DURATION) 2 — DAYS

Contributory (Secondary) (DURATION) DAYS

(Signed) J C Monn M.D.

Address 1713 Druid Hill Ave

Date Oct — 1 — 06 1906

Place of Burial Loudon Park Cem

Date Oct 2 1906

Undertaker HENRY A. [illegible] & SONS

Address N. E. Cor. Broadway & Baltimore Sts and 1708-1710 Caston Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

94075 Registered No. B 94075

CERTIFICATE OF DEATH.

(Place of Death.) No. 2324 Cambridge St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine E. J. Englehardt

{Residence, if in Baltimore, Give Street and Number.} 2324 Cambridge St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 26th 1904

AGE: 1 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Engelhardt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Minna Schmidt

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minna Engelhardt

(Address) 2324 Cambridge St.

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 - 1906

I HEREBY CERTIFY, That I attended deceased from Sept 11 1906 to Sept 30 1906

that I last saw ~~her~~ alive on Sept 30 1906,

and that death occurred, on the date stated above, at 9 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) C. S. Keer M.D.

Address 619 Park Ave

Date ~~Sept~~ Oct. 1 1906

Place of Burial Mt. Carmel Com

Date Oct. 2 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Baltimore Sts and 1705-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 4 — 94076 — Registered No. B 94076

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817 E. Bidde St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leona M Loving

{Residence, if in Baltimore, Give Street and Number.} 1817 E. Bidde

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 22 1906

AGE ..... years, ... months, 41 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Arthur Loving

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma Hilpkins

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Arthur Loving

(Address) 1817 E. Bidde

Filed 10/2 1906

HARRY C. ANDRES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Sept 30 1906

that I last saw her alive on Sept 29 1906,

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph E. Eisenberg M.D.

Address 2218 Orleans St

Date Sept 30 1906

Place of Burial Mt. Carmel Cem

Date Oct. 2 1906

Undertaker HENRY SAUER & SONS,

Address 1705-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94077.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94077.

City of Baltimore, (No. 2647 Hampden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elenora Yager.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May (Month) 31 (Day) 1850 (Year)

AGE: 56 years, 4 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel L. Spencer

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah J. Soulston

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Spencer

(Address) 2647 Hampden Ave

Filed 10/2 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1906, to Oct 1, 1906

that I last saw her alive on Oct 1, 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Septicaemia.
Mosquito bite caused erysipelas of face.

(DURATION) 4 DAYS

Contributory Diabetes.

(DURATION) DAYS

(Signed) Hugh Forsythe, M. D.

Oct. 1, 1906 (Address) 424 E. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery

DATE OF BURIAL: Oct. 2 1906

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Rd

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94078

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94078

City of Baltimore, (No. 818 Hollins St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Babette Lowenthal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 84 years, ... months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lippman Stern

BIRTHPLACE OF FATHER (State or country): German

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. B. Lowenthal

(Address) 818 Hollins St

Filed 10/2 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Oct 1 1906 that I last saw her alive on Sept 30 1906, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Hemiplegia
Fifth Week (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C. W. McElfresh M. D.

Oct 1 1906 (Address) 854 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sinai Friendship	Oct 2d 1906
UNDERTAKER	ADDRESS
Hart & Sondheim	923 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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94079

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94079

Registered No. B.....

City of Baltimore, (No. Baltimore City Jail St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Axt

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Apr (Month) 9 (Day) 1855 (Year)

AGE: 51 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Axt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Heidelbach

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredk C Axt

(Address) 526 N Howard St

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Sept 30 1906 that I last saw h[is] alive on Sept 30 1906, and that death occurred, on the date stated above, at 7.25 P. M. The CAUSE OF DEATH was as follows:

Uremia Coma

(DURATION) DAYS

Contributory Epilepsia Alcoholic

(DURATION) DAYS

(Signed) Benj. S. Hayden M. D.

Oct 1 1906 (Address) 6 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? 18 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 2 1906

UNDERTAKER: G W Pauley — ADDRESS: 211 Fred. ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — *Registered No. B* 94080

94080

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 204 S Smallwood St *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth Vinyard

{ *Residence, if in Baltimore, Give Street and Number.* } 204 Smallwood St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 26 " 1848

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Conrad Kershfe

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Elizabeth Kershfe

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Hoffman

(Address) 1823 Wilhelm St

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 " 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30 1906 to Sept 30 1906

that I last saw her alive on " " 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Esther L. Hartman M.D.

Address 126 N Fulton Ave

Date Oct 1 " 1906

Place of Burial Western

Date Oct 3 " 1906

Undertaker W. L. Fink

Address 2113 N Paca St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 18

94081

Registered No. B 94081

CERTIFICATE OF DEATH.

(Place of Death.) No. 8 S Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cecelia Wood

{Residence, if in Baltimore, Give Street and Number.} 8 S Poppleton St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 1 1906

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: E. V. Wood

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward V. Wood

(Address) 8 S Poppleton st

Filed 10/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 1 1906 that I last saw h.r alive on Oct 1 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria

(DURATION) 6 DAYS

Contributory (Primary.) Toxemia

(DURATION) 1 DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia av

Date Oct 1 1906

Place of Burial St Peters Cemetary

Date Oct 2/06 1906

Undertaker W. M. Boulson

Address Greene & Saratoga st

4 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 94082 Registered No. B 94082

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 N. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Young

{ Residence, if in Baltimore, Give Street and Number. } 509 N. Bethel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Sept. — 1864

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Young

(Address) 509 N. Bethel

Filed 10/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26th 1906 to Sept 29th 1906 that I last saw h[illegible] alive on Sept 29 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis (DURATION) Not Known.

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. B. Link M.D.

Address 1313 N. Gorsuch Ave

Date Oct 1st 1906

Place of Burial Laurel

Date October 2 1906

Undertaker W. A. Ellis

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 94083 Registered No. B 94083

CERTIFICATE OF DEATH.

(Place of Death.) No. 625 S. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert P. Farley

{Residence, if in Baltimore, Give Street and Number.} 625 S Bradford St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Dec 9th 1861

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Fisherman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Farley

(Address) 625 S. Bradford St

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 23d 1906 to Oct 1st 1906

that I last saw him alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Et Hemorrhage

(DURATION) DAYS

Contributory (Primary) Acute Pneumonia

Pleurisy (DURATION) DAYS

(Signed) Herman J. Gerung M.D.

Address 1937 Eastern Ave

Date Oct 1st 1906

Place of Burial Mount Carmel Cemetery

Date Oct 2 1906 190

Undertaker Germanus Tirance

Address Bank & Wolfe Sts.

HARRY C. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... *Registered No. B* 94084

94084

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John R Clayton

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1830

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Jeweler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 30 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Sept 30 1906

that I last saw h in alive on Sept 30 1906,

and that death occurred, on the date stated above, at 6.15

M. CAUSE OF DEATH (Secondary or Immediate) Cerebral Hemorrhage

(DURATION) ..... DAYS

Contributory (Primary.) Arteria Sclerosis

(DURATION) ..... DAYS

(Signed) Walter D Thiel M.D.

Address Bay View Hospital

Date Sept. 30 1906

Place of Burial New Cathedral Cemetery

Date OCT 2 1906 190

Undertaker Germania Firance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94085

City of Baltimore, (No. 2136, Baltimore Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Ask

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 6th 1821 (Month) (Day) (Year)

AGE: 85 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prussia Germany

FULL NAME OF FATHER: Michael Ask

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hamel

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Real estate agt.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E Eichner

(Address) 1576 Madison Av.

Filed 10/2 1906

HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sept 29 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Sept 29 1906 that I last saw h[im] alive on Sept 29 1906, and that death occurred, on the date stated above, at 11 15 P. M. The CAUSE OF DEATH was as follows:

Senile Degeneration

1 yrs (DURATION) DAYS

Contributory Cardiac Asthenia

10 dys (DURATION) 10 DAYS

(Signed) Joseph E Eichner M. D.

Sept 30 1906 (Address) 1576 Madison Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Pikesville Cemetery

DATE OF BURIAL: OCT 2 1906

UNDERTAKER: J Bruns & Co

ADDRESS: 754 N Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8th

94086

Registered No. B 94086

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 633 Jefferson St (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Bauer

{Residence, if in Baltimore, Give Street and Number.} 633 Jefferson St

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 17th 1825

AGE: 81 years, 6 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Caspar Baer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bauer

(Address) 633 Jeff St

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2d 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Oct 2d 1906 that I last saw her alive on Sept 30th 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Interstitial Nephritis & Senility

several months (DURATION) — DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 2 DAYS

(Signed) H. O. Brown M.D.

Address 633 Jefferson Ave

Date Oct 2d 1906

Place of Burial Western Cem

Date 10-3 1906

Undertaker Robt. Burke & Son

Address 1204 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94087

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94087

City of Baltimore, (No. 2813, Elliott St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine J. League

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W

DATE OF BIRTH: 10 (Month) / (Day) 1906 (Year)

AGE: — years, 6 months in Utero First about 5 hours months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Herbert League

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Celia E. Harris

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herbert League

(Address) 2813 Elliott St

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) / (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 1st 1906

that I last saw h— alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Six months in Utero. Mother had acute attack of Nephritis and aborted.

(DURATION) — DAYS

Contributory Transition

(DURATION) 1/2 DAYS

(Signed) D. W. Jones M. D.

Oct 1st 1906 (Address) 3116 O'Donnell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Aberdeen Cemetery

DATE OF BURIAL: Oct 2 1906

UNDERTAKER: Balto. Mt. Lev. Wm. Nicolaus

ADDRESS: 1220 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 94088 — Registered No. B 94088

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Baker St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles. O. Brien

{Residence, if in Baltimore, Give Street and Number.} 1711 Baker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH: Aug. 13th 1906

AGE: — years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jno. R. O. Brien

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Helen M Watts

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. R. O. Brien

(Address) 1711 Baker St

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Oct 1 1906 that I last saw him alive on Oct 1 1906, and that death occurred, on the date stated above, at 8:0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia —

Diarrhea and enteritis

(DURATION) — DAYS

Contributory (Primary.) Died —

(DURATION) — DAYS

(Signed) Claude Stonebraker M.D.

Address 165 S Fulton ave

Date 10/2 1906

Place of Burial New Cathedral

Date Oct 2nd 1906

Undertaker G. F. Walker

Address 723 W Saf. ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 94089 *Registered No. B* 94089

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 1355 York Road *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Stephen Kratz

{Residence, if in Baltimore, Give Street and Number.} 1355 York Road

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W
DATE OF BIRTH	July 25th 1901
AGE	5 years, 2 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Buffalo N.Y.
FULL NAME OF FATHER	John A Kratz
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Julia E Eyl
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Kratz Jr Hgf

(Address) 1355 York Road

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1st 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Oct 1st 1906

that I last saw h---alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J S H Potter M.D.

Address 508 E. Fort Ave

Date October 1st 1906

Place of Burial London Park. OCT 2 1906

Date 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

3 P M.

WM. J. C. DULANY CO., Baltimore.

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — 94030 — Registered No. B 94030

CERTIFICATE OF DEATH.

(Place of Death.) No. 2009 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mrs~~ Chas Beck

{Residence, if in Baltimore, Give Street and Number.} 2009 Gough St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 1st 1857

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rosa Beck

(Address) 2009 Gough St

Filed 10/2 1906 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1st 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Suicide, by Hanging

... (DURATION) DAYS

Contributory (Primary.)

... (DURATION) DAYS

(Signed) Thomas Luther Crum M.D.

Address 3203 Tyson St

Date Oct 1st 1906

Place of Burial Mount Pleasant

Date Oct 3rd 1906

Undertaker H Nicolaus + Son

Address 1820 Canton Ave

DEPUTY REGISTRAR'S PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward [illegible] 94091 Registered No. B 94091

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Robinson

{ Residence, if in Baltimore, Give Street and Number. } [redacted] Robinson 250 Pine St

Duration of Residence in Baltimore. During Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: 1	
AGE: 45 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address)

Filed 10/2 1906. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1. 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1906 to Oct 1. 1906

that I last saw him alive on Oct. 1. 1906

and that death occurred, on the date stated above, at 3:55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Encephalitis & Atrophy of Brain

(DURATION) Unknown

Contributory (Primary) Syphilitic Dementia

(DURATION) Unknown.

(Signed) W. W. Downs Jr. M.D.

Address Bay View Asylum

Date October 1st 1906

Place of Burial Mt Auburn

Date Oct 3 1901

Undertaker John H. Toadvine

Address Bonaparte St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

Registered No. B 94092

94092

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 W. Camden St, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Lee Doring

{ Residence, if in Baltimore, Give Street and Number. } 121 W. Camden St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: Sept 18 1906

AGE: ..... years, ... months, 13 days

SINGLE, ~~MARRIED,~~ WIDO~~WED,~~ OR DIVORCED

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Jos. Doring

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie G. Murray

BIRTHPLACE OF MOTHER (State or country): Charles Co. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Lee Doring

(Address) 121 W. Camden St.

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Oct 1 1906 that I last saw him alive on Oct 1 1906, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or immediate)

Premature Birth

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) 13 DAYS

(Signed) W. S. Smith M.D.

Address 528 Hanover St.

Date Oct 2 1906

Place of Burial Cathedral Cemetery

Date Oct 2 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 94093 Registered No. B 94093

CERTIFICATE OF DEATH.

(Place of Death.) No. 940 N. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Zak

{Residence, if in Baltimore, Give Street and Number.} 940 N. Chapel St

Duration of Residence in Baltimore. 20 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 14 1874

AGE 32 years, 6 mon'ls, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Zak

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Basak

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frantiska Zak

(Address) 961 Chapel St

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1st 1906

I HEREBY CERTIFY, That I attended deceased from Sept'mber 22 1906 to Septem 30 1906

that I last saw him alive on 1 1906

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

2 Years (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) 14 DAYS

(Signed) William J. Tyson M.D.

Address 2008 Ashland Ave

Date Oct. 1. 1906

Place of Burial St. Alphonsus Cem

Date Oct 3rd 1906

Undertaker Geo M. Frick

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

94094

Registered No. B 94094

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Jungle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Smith

{Residence, if in Baltimore, Give Street and Number.} 1802 Jungle St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 1 1906

AGE About Ten Minutes
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Bald, Md

FULL NAME OF FATHER Wm. B. Smith

BIRTHPLACE OF FATHER (State or country) Bald, Md

MAIDEN NAME OF MOTHER Helen E. Holan

BIRTHPLACE OF MOTHER (State or country) Phila Pa

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William B. Smith

(Address) 1802 Jungle St

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1906 190

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 190 to Oct 1 190 6

that I last saw h[illegible] alive on 1.30 P.M. 190 6,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Lungs

10 Minutes (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1129 W. North Ave

Date Oct 2 1906 190

Place of Burial Woodlawn Cemetery

Date Oct 2 190

Undertaker Diffenderffer Wendell & Son

Address 330 S. Bond St

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 94095 — Registered No. B 94095

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 N Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie V Donahue

{Residence, if in Baltimore, Give Street and Number.} 1724 N Montford ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Dorsch

(Address) 1724 N. Montford Ave

Filed 10/2 1906 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Oct 1 1906 that I last saw h[e] alive on Sept 25 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Uteri

(DURATION) 45 DAYS

Con'tributory (Primary) Exhaustion

(DURATION) ..... DAYS

(Signed) E. C. Blades M.D.

Address 1432 N Broadway

Date Oct 1 1906

Place of Burial St Vincents

Date Oct 4 1906

Undertaker Whitfield Wendell & Son

Address 336 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 11 — 94096 — Registered No. B 94096

CERTIFICATE OF DEATH.

(Place of Death.) No. 953 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Levin Graham

{Residence, if in Baltimore, Give Street and Number.} 953 Druid Hill Ave.

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wyomio Co Md

FULL NAME OF FATHER: Thomas Graham

BIRTHPLACE OF FATHER (State or country): Wycomio Co Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Graham

(Address) 953 Druid Hill ave

Filed 10/2 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 1st 1906

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to Oct 1 1906

that I last saw him alive on Oct 1 1906

and that death occurred, on the date stated above, at 9 56 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion
Tubercular Pneumonia
10 weeks (DURATION) DAYS

Contributory ~~(Primary.)~~
3 days (DURATION) ~~DAYS~~

(Signed) A L Tumbleson M.D.

Address 2013 Bank

Date Oct 1st 1906

Place of Burial Mount Auburn Cemetery

Date Oct 3 1906

Undertaker Felix D Pye

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 940:97 — Registered No. B 940:97

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sidney Rochester

{Residence, if in Baltimore, Give Street and Number.} 1001 Payson st.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/2 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct — 1 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept - 19 1906 to Oct — 1 1906 that I last saw h alive on Oct — 1 1906 and that death occurred, on the date stated above, at 10 20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

marasmus

(DURATION) 12 DAYS

Contributory (Primary.)

Exhaustion (DURATION) 1 DAYS

(Signed) M. W. Shaw M.D.

Address Md Homoeo Hospital

Date Oct — 1 — 1906

Place of Burial

Date 190

Undertaker

Address Health Department

COLLEGE OF P. & S. OCT 2 - 1906 Commissioner Health FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

2 4 8

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 *Registered No. B* 94098

94098

CERTIFICATE OF DEATH.

(Place of Death.) *No.* St. Elizabeths Home *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Florence Elizabeth Lee

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 20

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Col.
DATE OF BIRTH: Sept. 2 1906	
AGE: — years, 1 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1906 to Oct. 1 1906 that I last saw her alive on Sep. 30 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Oct. 1 1906

Place of Burial

Date OCT 2 - 1906 1906

Undertaker Commissioner Health

Address Health Department

COLLEGE OF P. & S.
HARRY C. ANDREWS
PERMIT CLERK
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94099

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94099

City of Baltimore, (No. 2331, Eastern Ave St.; Ward
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas J. Morton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 17 (Day) 1906 (Year)

AGE: — years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John C. Morton

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Julia Gillard

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Morton

(Address) 2330 Canton Ave.

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 2nd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 29 1906 to Oct. 2 1906 that I last saw him alive on Oct 2 1906, and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) G. C. Thieme M. D.

Oct 2 1906 (Address) 1135 Highland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2330 Canton Ave. How long at Place of Death? 15 Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Oct 3rd 1906

UNDERTAKER: H. Sanderson ADDRESS: 1710 Caroline

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94100

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — Registered No. B 94100

CERTIFICATE OF DEATH.

(Place of Death.) No. 652 Cider Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Phillips

{Residence, if in Baltimore, Give Street and Number.} 652 Cider Alley

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH	1
AGE	46 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Parker

(Address) 652 cideralley

Filed Oct 25 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from August 1906 to Oct 24 1906

that I last saw her alive on Oct 1 1906

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

About 2 mo (DURATION) DAYS

Contributory (Primary.) Hemiplegia About 2 mo (DURATION) DAYS

(Signed) C H Fowler M.D.

Address 714 S Shurtz Street

Date Oct 24th 1906

Place of Burial Mt Zion cemetery

Date Oct 1 1906

Undertaker George H Hooper

Address 607 Lilly Pace st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94101

HEALTH DEPARTMENT, City of Baltimore.

9416

Ward 22

Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 332 Dover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Wallace

{ Residence, if in Baltimore, Give Street and Number. } 332 Dover St.

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fe | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: William Watkins

BIRTHPLACE OF FATHER (State or country): Unk

MAIDEN NAME OF MOTHER: Susan M Bolt

BIRTHPLACE OF MOTHER (State or country): Unk

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nation Walker

(Address) 332 Dover st

Filed Oct 2d 1906. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Oct 1 1906, that I last saw her alive on Sept 30 1906, and that death occurred, on the date stated above, at 8:30

11. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart disease

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) 3 DAYS

(Signed) J. Edward Smith M.D.

Address 538 Hanover St.

Date Oct 1 1906.

Place of Burial Int Auburn Cemetery

Date Oct 3 1906

Undertaker George H Hooper

Address 609 Little Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13

Registered No. B 94102

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 Shakespeare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jan Gurazki

{Residence, if in Baltimore, Give Street and Number.} 1608 Shakespear

Duration of Residence in Baltimore. four Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: December 27 1905

AGE: ..... years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Louisiana

FULL NAME OF FATHER: Jan Gurazki

BIRTHPLACE OF FATHER (State or country): Poland Austria

MAIDEN NAME OF MOTHER: Rozalia Winczoska

BIRTHPLACE OF MOTHER (State or country): Poland Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jan Gurazki

(Address) 1608 Shakespeare St

Filed Oct 4 1906.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Sept 24 1906

that I last saw him alive on Sept 24 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

marasmus

(DURATION) 4 Months

Contributory (Primary.) Exhaustion

(DURATION) 10 DAYS

(Signed) S. J. Szumowski M.D.

Address 722 S. Ann

Date October 2nd 1906

Place of Burial Holy Rosary

Date October 3d 1906

Undertaker Jacob Trackowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 94103 — Registered No. B 94103

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1641 N Wolfe St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Mildred Barton

{Residence, if in Baltimore, Give Street and Number.} 1641 N Wolfe

Duration of Residence in Baltimore. life = 4 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 29 1906
AGE	..... years, 8 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Howard Barton
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Elizabeth Bernstemann
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Barton

(Address) 1641 N. Wolfe st

Filed 10/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Oct 2nd 1906

that I last saw her alive on Oct 1st 1906

and that death occurred, on the date stated above, at 5 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) X DAYS

Con'tributory (Primary.) Gastro-enteritis

[redacted] (DURATION) X DAYS

(Signed) Wm J. Walton M.D.

Address 5 W Preston

Date Oct 2 1906

Place of Burial Loudon Park

Date Oct 3rd 1906

Undertaker Henry Lutz

Address 1007 W. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94104

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

4

CERTIFICATE OF DEATH. 94104

Registered No. B .....

City of Baltimore, (No. 509, N. Hoffman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 7 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New Orleans La

FULL NAME OF FATHER: Duncan Lee

BIRTHPLACE OF FATHER (State or country): Miss

MAIDEN NAME OF MOTHER: Lodusta Boston

BIRTHPLACE OF MOTHER (State or country): La

OCCUPATION OF DECEASED: School

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lodusta Lee

(Address) 509 N Hofmann

Filed Oct. 3rd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7th, 1906 to Oct 1st 1906 that I last saw her alive on Oct 1st 1906, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Remittent Fever

(DURATION) 24 DAYS

Contributory ..... (DURATION) 11 DAYS

(Signed) D. Goodfoot M. D.

Oct 2 1906 (Address) 334 N. Biddle st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	9/3/1906
UNDERTAKER	ADDRESS
Abel Beasley	578 N Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94105

HEALTH DEPARTMENT, City of Baltimore.

Ward 16

Registered No. B 94105

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Little Wilson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamin Mears

{ Residence, if in Baltimore, Give Street and Number. } 1110 Little Wilson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Thomas Mears

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca Scroggins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rebecca Mears

(Address) 1110 E. Wilson St

Filed Oct 31 1906

Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2 1906

I HEREBY CERTIFY, That I attended deceased from April 1 1906 to Oct 2 1906

that I last saw h[illegible] alive on Oct 2 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 2 DAYS

Contributory (Primary) Phthisis Pulmonalis (DURATION) 6 mos

(Signed) Lewis Edwards M.D.

Address 1706 Eutaw Pl

Date Oct 2 1906

Place of Burial Mt Auburn

Date Oct 4th 06 190

Undertaker Abel Hamsher

Address 570 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

HARRY C. ANDREWS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 94106

179

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Hollins

{Residence, if in Baltimore, Give Street and Number.} 426 S Chester St

94106

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mal | COLOR: Blk

DATE OF BIRTH: 1

AGE: ..... years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Louis Hollins

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Mary Kernan

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Hollins

(Address) 429 S Chester St.

Filed Oct. 3 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

Leib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-3 = 1906

I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ to ~~Oct~~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Mal Nutrition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler Coroner M.D.

Address 320 N Eutaw St

Date Oct-3 = 1906

Place of Burial Western Cem.

Date Oct. 3rd 1906

Undertaker Jno. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

94107

Registered No. B 91

94107

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 E. Lombard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name John P. Lommen

{ Residence, ~~if in Baltimore,~~ Give Street and Number. } Balto. Co 414 E. Lombard St

Duration of Residence in Baltimore. Co Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: June 9 1832

AGE: 74 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John P. Lommen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Watchmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G. Lommen

(Address) 414 E Lombard St

Filed Oct 3 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Oct 2, 1906 that I last saw h[illegible] alive on Sept 30, 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate) Bronchitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. J. Yeatesby, M.D.,

Address 1111 E. Broadway

Date Oct 2, 1906

Place of Burial Holy Redeemer

Date Oct 5 1906

Undertaker Robt J Turner

Address Army Folio

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2

94108

Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1924 E. Lombard St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Joseph Phaller

{Residence, if in Baltimore, Give Street and Number.} 1924 E. Lombard st

94108

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 12 1906

AGE: ... years; 4 months; ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Joseph F. Phaller

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Zinka

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F. Phaller

(Address) 1914 E. Lombard

Filed Oct 3 1906

HARRY O. ANDREWS PERMIT CLERK

Registrar Loth

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2d 1906

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to Oct 2d 1906

that I last saw him alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 8.55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Intestinal-Catarrh

(DURATION) 74 DAYS

Contributory (Primary) Eclampsia

(DURATION) one DAYS

(Signed) John Davis M.D.

Address 2102 Delaware st

Date Oct 2d 1906

Place of Burial St. Alphonsus

Date Oct. 4 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 Registered No. B 94109

CERTIFICATE OF DEATH.

(Place of Death.) No. 245 S. Caroline st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emelia Rindfleisch

{Residence, if in Baltimore, Give Street and Number.} 245 S Caroline st

Duration of Residence in Baltimore. life 94109

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 9 1902

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Henry Rindfleisch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Augusta Weidenhoef

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta Weidenhoef

(Address) 245 S. Caroline st

Filed Oct 3 1906 Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Oct 2nd 1906 that I last saw her alive on Oct 2nd 1906 and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) —— DAYS

Contributory (Primary) Cardiac Exhaustion

(DURATION) —— DAYS

(Signed) John Roth M.D.

Address Balto Eastern Dispensary

Date Oct 3 1906

Place of Burial Mt. Carmel

Date Oct. 4 1906

Undertaker Jas. J. Kerr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — Registered No. B 94110

50

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 W. Lee Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Henderson

{Residence, if in Baltimore, Give Street and Number.} 133 W. Lee Street

Duration of Residence in Baltimore. 10 years

94110

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR colored

DATE OF BIRTH ..... 1.....

AGE 50 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Salisbury N. C

FULL NAME OF FATHER Jackson Henderson

BIRTHPLACE OF FATHER (State or country) Salisbury N. C

MAIDEN NAME OF MOTHER Alice Henderson

BIRTHPLACE OF MOTHER (State or country) Salisbury N. C.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Henderson

(Address) 1330 Lee st

Filed Oct 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2d 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Oct 2 1906

that I last saw her alive on Oct 1 1906

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes

about 2 mo
(DURATION) DAYS

Contributory (Primary.) Heart Failure about 2 hrs
(DURATION) DAYS

(Signed) O. W. Fenton M.D.

Address 1912 Division ave

Date Oct 2d 1906

Place of Burial Mt Auburn et

Date Oct 3d 1906

Undertaker F. L. Brown & Son

Address 108 W. Montgomery st

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94111

4

HEALTH DEPARTMENT, CITY OF BALTIMORE.

106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94111

Registered No. B.....

City of Baltimore, (No. 127 North Pine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Angela Lowenkamp.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH — (Month) ..... (Day) 1 (Year)

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Friedrich Vöthmyer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna Bollman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed Oct 3 1906 ..... Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2nd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 21st 1906 to Oct 1st 1906

that I last saw her alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis

(DURATION) 42 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) John J R Kroger M. D.

Oct 2nd 1906 (Address) 602 N Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Holy Redeemer

DATE OF BURIAL Oct 5 1906

UNDERTAKER M Cadogan

ADDRESS 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

94112

Ward 3 Registered No. B 94112

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 South Bond St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Solomon

{Residence, if in Baltimore, Give Street and Number.} 614 South Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1
AGE	..... years, 10 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	———
BIRTHPLACE (State or country)	Cuba
FULL NAME OF FATHER	Marcos Solomon
BIRTHPLACE OF FATHER (State or country)	Cuba
MAIDEN NAME OF MOTHER	Mary Gaynes
BIRTHPLACE OF MOTHER (State or country)	Cuba
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 614 S Bond St

(Address) Rosie Moran.

Filed Oct 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1906

I HEREBY CERTIFY, That I attended deceased from [redacted] 190 to [redacted] 190

that I last saw h..... alive on [redacted] 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Mal Nutrition

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow Gamer M.D.

Address 320 N Greene St.

Date Oct 3rd 1906

Place of Burial St Vincent Cemetery

Date Oct 3 1906

Undertaker M Doyle Son

Address 17 East Lee St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...LTH DEPARTMENT, City of Baltimore.

Ward V

94113 Registered No. B 94113

72

CERTIFICATE OF DEATH.

(Place of Death.) No. 1734 Lancaster St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Marczenko

{Residence, if in Baltimore, Give Street and Number.} 1734 Lancaster St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 25 1906

AGE: ....years, ...months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Pawel Marcinkiewicz

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Magdalena Kwiatkowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pawel Marcinkiewicz

(Address) 1734 Lancaster St

Filed Oct 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1906 to Oct. 2 1906

that I last saw him alive on Oct 2 1906

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apnoea

(DURATION) DAYS

Contributory (Primary) Trismus neonatorum (DURATION) 3 DAYS

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St.

Date Oct. 3 1906.

Place of Burial Holy Rosary

Date October. 4 1906

Undertaker Jacob Frankowski

Address 421 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

Registered No. B 94114

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Reuben Silverman

{ Residence, if in Baltimore, Give Street and Number. } 30 E. York St. 94114

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Harry Silberman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Lichtman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Feather

(Address) 718 S Charles st

Filed Oct 3 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Oct 3 1906 that I last saw him alive on Oct 3 1906 and that death occurred, on the date stated above, at 10:45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date Oct 4 1906

Place of Burial Washington Rd Hebrew

Date Oct 3 1906

Undertaker Max Levinson

Address 1138 Lorman st

WM. J. C. DULANY CO., BALTIMORE.

4

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. B 94115

CERTIFICATE OF DEATH. 94115

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Dunn.

{Residence, if in Baltimore, Give Street and Number.} 815 Willow St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 72 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Dunn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Frances Whelan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Lamar Holliday

(Address) 815 Willow St

Filed Oct 3. 1906 Registrar

HARRY C. ANDREWS, DEPUTY CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2 — 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 2 1906 that I last saw him alive on Oct 2 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffused Nephritis,

Arterio Sclerosis

(DURATION) DAYS

Contributory (Primary) Cerebral Hemorrhage (DURATION) DAYS

(Signed) Walter D Stasi M.D.

Address Bay View Hospital

Date Oct. 2 — 1906

Place of Burial St Peters

Date Oct 4 — 1906

Undertaker H. C. Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

94116

Ward 20

Registered No. B 94116

CERTIFICATE OF DEATH.

(Place of Death.) No. Augusta Ave & Frederick Rd

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna W. Brown

{Residence, if in Baltimore, Give Street and Number.} S. E. Cor Frederick Road & Augusta Ave Irvington

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 9th 1896

AGE: 10 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph D. Brown

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: S. Hanna Webb

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. D. Brown

(Address) Irvington

Date Oct 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to October 3 1906

that I last saw her alive on Oct 2 1906

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

10 hours (DURATION) ~~DAYS~~

Contributory (Primary)

Dr Pitcairn (DURATION) 14 DAYS

(Signed) Henry Fitch M.D.

Address Irvington

Date October 3 1906

Place of Burial London Park —

Date Oct 4th 1906

Undertaker C. F. McCormick

Address 1729 W Lombard St —

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date*

...EALTH DEPARTMENT, City of Baltimore.

94117

Ward 13 11

Registered No. B 94117

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Morris alley ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm Leonard Dixon.

{Residence, if in Baltimore, Give Street and Number.} 430 Morris alley.

Duration of Residence in Baltimore. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH July 29 1906.

AGE — years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Charley Smith.

BIRTHPLACE OF FATHER (State or country) Laurel Delaware.

MAIDEN NAME OF MOTHER Lavinia Dixon.

BIRTHPLACE OF MOTHER (State or country) Baltimore Maryland.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Dixon

(Address) 430 Mores St.

Filed Oct 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 1, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Sept 30 1906

that I last saw him alive on Sept 30 1906

and that death occurred, on the date stated above, at 9 1/2 M. CAUSE OF DEATH (Secondary or ~~Immediate~~

Marasmus and Lack of Care.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. D. Stevenson, M.D.

Address Rider P. O. Md.

Date October 1, 1906

Place of Burial Laurel Cemetery

Date Oct 3rd 1906

Undertaker John A. Bishop

Address 1107 Division Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 94118

City of Baltimore, (No. 569 Moore alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Howard Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... Year)

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Stewart

BIRTHPLACE OF FATHER (State or country): Arundal Co

MAIDEN NAME OF MOTHER: Sarah Gibbs

BIRTHPLACE OF MOTHER (State or country): Easton - Md

OCCUPATION OF DECEASED: Tortor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah - Stewart

(Address) 569 Moor St

Filed Oct. 3 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 18 1906 to Oct. 1 1906

that I last saw him alive on Oct. 1 1906,

and that death occurred, on the date stated above, at 7.15 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Mary A. Wales M. D.

Oct. 2 1906 (Address) 1711 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct. 4 1906
UNDERTAKER	**ADDRESS**
H. F. Elliott	508 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Paid

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. B 94119

143

CERTIFICATE OF DEATH.

(Place of Death.) No. Garrett Hospital 27 N Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rica Bordensky

{ Residence, if in Baltimore, Give Street and Number. } ~~316~~ N. Front St

Duration of Residence in Baltimore. Life

94119

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
female	white

DATE OF BIRTH: Apr 15 1904

AGE: 1 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing G

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benjaymin Bordensky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rebecca Altman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: L

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benjaymin Bordensky

(Address) 316 N Front st

Filed Oct 3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Oct 3 1906 that I last saw h[er] alive on Oct 2 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

6 Hrs (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

(DURATION) L DAYS

(Signed) John Ruhrah M.D.

Address 339 N Eutaw St

Date Oct 3 1906

Place of Burial Philip Rd Rosedale

Date Oct 3 1906

Undertaker Max Levinson

Address 1138 Lovett St

WM. J. C. DULANY CO., BALTIMORE.

94120

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94120

Registered No. B.....

City of Baltimore, (No. 1531 W Lanvale St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William McDonell -

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 6 1835
(Month) (Day) Year)

AGE 71 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER ~~Geo H McDonell~~

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Catherine McCalmes

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Retired Patrolman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) May McDonell

(Address) 1531 W Lanvale

Filed Oct 3 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Oct 1 1906

that I last saw him alive on Oct 1 - 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Encephalitis -

(DURATION) 5 DAYS

Contributory Probably some acute trouble, which existed before I saw him (DURATION) ..... DAYS

(Signed) J. W. C. Cuddy M. D.

Oct 1 1906 (Address) 937 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Oct 4 1906

UNDERTAKER Wm J Tickner & Sons | ADDRESS 420 N Eutaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

105

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94121

Registered No. B.....

City of Baltimore, (No. 1601, N. Kohle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Romanoo Romanoo

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: wh
DATE OF BIRTH: January (Month) 25 (Day) 1906 (Year)	
AGE: ..... years, 8 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Baltimore Md.	
FULL NAME OF FATHER: Adam Stefan Romanov	
BIRTHPLACE OF FATHER (State or country): Hungary	
MAIDEN NAME OF MOTHER: Rosi Seifert	
BIRTHPLACE OF MOTHER (State or country): Hungary	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosi Romanov

(Address) 1601 N. Kohle St.

Filed Oct 3 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 14 1906 to October 1. 1906 that I last saw h[im] alive on October 1. 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Enteritis

(DURATION) 60 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Samuel Amberg M. D.

October 3. 1906 (Address) Johns Hopkins Hosp. City.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters Cem.	Oct 4 1906
UNDERTAKER: M. S. Heck	ADDRESS: 2113 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Laib

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...LTH DEPARTMENT, City of Baltimore.

Ward 11

Registered No. B 94122

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 Madison St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia Lambert.

{Residence, if in Baltimore, Give Street and Number.} Lisa

94122

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 21, 1906

AGE — years, — months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Charles Lambert

BIRTHPLACE OF FATHER (State or country) Virginia.

MAIDEN NAME OF MOTHER Virginia Taylor.

BIRTHPLACE OF MOTHER (State or country) Virginia.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother.

(Address) 308 Madison St

Filed Oct 3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Leib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29, 1906 to Oct 1 1906

that I last saw h[illegible] alive on Oct 1 1906

and that death occurred, on the date stated above, at 11-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (congenital).

(DURATION) 11 DAYS

Contributory (Primary) Heart and respiratory failure (DURATION) 1 DAYS

(Signed) C. E. Langley, M.D.

Address Md. Gen. Hospital

Date Oct 2, 1906

Place of Burial St. Peters cem

Date 10-3- 1906

Undertaker Robt Bookser

Address 1204 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ETH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 94123

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 526 N Chapel St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Františka Alecšta

{Residence, if in Baltimore, Give Street and Number.} 526 N. Chapel st

94123

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Thomas Killian

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Anna Blucha

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant John Alecta

Address 526 N Chapel

Filed Oct 3 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2nd 1906

I HEREBY CERTIFY, That I attended deceased from October 2nd 1906 to October 2 1906

that I last saw h... alive on ... 1906

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Central Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary) Cardiac Collapse (DURATION) ..... DAYS

(Signed) William J. Rymer M.D.

Address 1005 Ashland Ave

Date October 3 1906

Place of Burial Holy Redeemer

Date Oct 4 1906

Undertaker Frank Brach

Address 1404 Gallant

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

Registered No. B 94124

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 E Chase St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elma Zelenka

{Residence, if in Baltimore, Give Street and Number.} 2013 E Chase St 94124

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH .....

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Zelenka

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaretta Seina

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaretta Zelenka

(Address) 2013 E Chase St

Filed Oct 3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Laib

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1906

I HEREBY CERTIFY, That I attended deceased from 15 Sept 1906 to Oct 2 1906 that I last saw her alive on Oct 2 1906, and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus and intestinal catarrh

Marasmus (DURATION) 40 DAYS

Contributory (Primary.) Intestinal catarrh (DURATION) ..... DAYS

(Signed) Thomas L. Simms M.D.

Address 1020 N Broadway

Date October 2° 1906

Place of Burial Oak Hill

Date Oct 4 1906

Undertaker Frank Brach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...TH DEPARTMENT, City of Baltimore.

Ward 7 Registered No. B 94125

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 N Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Streeb

{ Residence, if in Baltimore, Give Street and Number. } 802 N Madeira st

94125

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Sudle

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Streeb

(Address) 802 N Madeira

Filed Oct 3 1906 HARRY O'T ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 2 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Intoxication

(DURATION) 2 DAYS

Contributory (Primary) Cardiac Paralysis (DURATION) DAYS

(Signed) William J. Sysems M.D.

Address 2008 Oakland Ave

Date Oct. 3 1906

Place of Burial Pat Hill

Date Oct 5 1906

Undertaker Frank Brack

Address 1914 Eastern Ave

4

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward ..... Registered No. B 94126

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 N. Patterson Park Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edgar Scott,

{ Residence, if in Baltimore, Give Street and Number. } 530 N. Patterson Park Ave

Duration of Residence in Baltimore. Lifetime 94126

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Scott

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie Thomas

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Scott

(Address) 530 N. Patterson Park Ave

Filed Oct 3 1906

HARRY O'T ANDREWS, PERMIT CLERK. Registrar

Laib

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2d 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27th 1906 to Oct 2d 1906 that I last saw him alive on Oct 2 1906, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Intestinal-Catarrh

(DURATION) 6 DAYS

Contributory (Primary.) Eclampsia

(DURATION) one DAYS

(Signed) John Davis M.D.

Address 2102 Gilsey St

Date October 3d 1906

Place of Burial Baltimore Cemetery

Date Oct. 4 1906

Undertaker Frank Leach

Address 1904 Ashland Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 94127

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Cornelius Faye

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Dept. Cay. 94127

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Sept. 15th 1906

AGE: ..... years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Oct. 3 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2nd 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 16th 1906 to Oct. 2nd 1906 that I last saw her alive on " 1 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. A. Haywood M.D.

Address 1230 N Carlton St

Date 10 — 3 — 1906

Place of Burial New Cathedral

Date Oct. 4th 1906

Undertaker Martin Fahey's Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 94128

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infl. Asylum, St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roch Boyle.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl Asylum

Duration of Residence in Baltimore. Lifetime

94128

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Aug 9th 1906

AGE: ..... years, 1 month, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Oct 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Oct 1st 1906 that I last saw h.. alive on 11 / 11 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1330 N Carey

Date 10 - 3 - 1906

Place of Burial: New Cathedral

Date Oct. 4th 1906

Undertaker: Martin Dakey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 94129

CERTIFICATE OF DEATH.

157

(Place of Death.) No. St. Vincents Infl. Asy St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Con Martin

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infl. Asy

Duration of Residence in Baltimore. Lifetime

94129

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Sept. 3rd 1906

AGE ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Cuba

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER 4

BIRTHPLACE OF MOTHER (State or country) 4

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed Oct 3 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 19 1906 to Oct. 2nd 1906 that I last saw her alive on " " 1906, and that death occurred, on the date stated above, at 11. A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1330 N Caroline

Date 10 — 5 — 1906

Place of Burial New Cathedral

Date Oct. 4th 1906

Undertaker Martin Dahey & Lowe

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 94130

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Earl.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

94130

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Feb. 13 1906

AGE ..... years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Asy

Filed Oct 3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lacks

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Oct. 2nd 1906 that I last saw him alive on " " 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. S. Hayward M.D.

Address 1230 N Caroline

Date 10-13 1906

Place of Burial New Cathedral

Date Oct. 14th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. B 94131 16

CERTIFICATE OF DEATH.

(Place of Death.) No. At or about Belt line + Bare St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry William May.

{ Residence, if in Baltimore, Give Street and Number. } 1521 Belt av

Duration of Residence in Baltimore. 3 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 25 1883

AGE: 23 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Egg Harbor N J.

FULL NAME OF FATHER: Harry May.

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Mary Kinzinger

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: Telegrapher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed Oct 4th 1906 Registrar

C. N. C. P.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

45a M. CAUSE OF DEATH (Secondary or Immediate)

Crushed and multiple injuries about head. Was thrown off train by putting bridge + then ran over by same train (DURATION) Instant DAYS

Contributory (Primary.) accident.

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Oct 3 1906

Place of Burial Egg Harbor N.J. Atlantic Co.

Date Oct 3rd 1906

Undertaker E. I. Fanning

Address 1460 Battery ave

HARRY D. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

94132 Registered No. B 94132

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 612 E. Balt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H Carver

{Residence, if in Baltimore, Give Street and Number.} 612 E. Baltimore St.

Duration of Residence in Baltimore. 7 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1838

AGE: 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): unknown

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Retired Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Geo C Carver

Address Oxford Md

Filed 10/1/1906

Registrar W.J.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from Coronary Case 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

(DURATION) DAYS

Contributory (Primary) Senility

(DURATION) — DAYS

(Signed) Benj B Hayden M.D. Coroner

Address 1216 N. Caroline St

Date Oct 3 1906

Place of Burial National Cemetery

Date Oct 4 1906

Undertaker Joh E Lonergan Co

Address 1422 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22

Registered No. B 94133

94133

CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Lamb

{Residence, if in Baltimore, Give Street and Number.} Shay and Montgomery Streets.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: [illegible] 1

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Clerk.

THE ABOVE-STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Trail.

(Address) 627 Roland Ave.

Filed 10/4 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30 1906 to Oct 3 1906

that I last saw him alive on Oct 3rd 1906,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac and respiratory failure.

(DURATION) DAYS

Contributory (Primary.) Chronic interstitial nephritis, uremia terminal pneumonia

(DURATION) DAYS

(Signed) W W Otis M.D.

Address University Hospital

Date Oct 3rd 1906

Place of Burial Mt Olivet

Date Oct. 4 1906

Undertaker A S Marshall

Address 3539 Falls Road

4

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

EALTH DEPARTMENT, City of Baltimore.

Ward 7 V

94134 Registered No. B 94134

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 Portland Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Gregory

{Residence, if in Baltimore, Give Street and Number.} 714 Portland Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | COLOR Wht

DATE OF BIRTH March 17 1896

AGE 11 years, 6 months, 16 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~ Single

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER John Gregory

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Julia Etzel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gregory

(Address) 714 Portland St

Filed 10/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Oct 2 1906 that I last saw h— alive on Oct 2 1906, and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 10 DAYS

Contributory (Primary) Peritonitis (DURATION) 3 DAYS

(Signed) Edw Gruppe M.D.

Address 517 Lemmon

Date Oct 3 1906

Place of Burial Holy Redeemer

Date Oct 4 1906

Undertaker W. J. Inman

Address Park Ave & Lem St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 94135 — Registered No. B 94135

166

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 Garrison Lane St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Julia A. Leidecker

{Residence, if in Baltimore, Give Street and Number.} 20 Garrison Lane

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Oct 19 1842

AGE 63 years, 11 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Leo F. Zeuffe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Magaret Ambruster

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Leydecker

(Address) 20 Garrison Lane

Filed 10/14 1906 — HARRY D. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Oct. 1 1906 that I last saw h-e alive on Oct. 1 1906 and that death occurred, on the date stated above, at 5.30 M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

DURATION 1 DAYS

Contributory (Primary) Gastro Enteritis

DURATION 3 DAYS

(Signed) W. H. Wilson M.D.

Address 1735 Hollins St.

Date Oct. 3. 1906

Place of Burial London Park

Date Oct. 4 1906

Undertaker J. A. Cook

Address 1203 W. Balto St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 7 — 94136 — Registered No. B 94136

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 W. Heath St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Faul

{Residence, if in Baltimore, Give Street and Number.} 102 W. Heath St.

Duration of Residence in Baltimore. 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 15th 1837

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Louis Faul

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sont Brand

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Glassblower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Faul

(Address) 102 W. Heath St.

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1906 to Oct 2 1906

that I last saw h[illegible] alive on Oct 2 1906,

and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Dilatation of Heart.

..... (DURATION) ..... DAYS

Contributory (Primary.) Asthma

..... (DURATION) 3650 DAYS

(Signed) N G Jones M.D.

Address 1235 W. Lafayette Ave

Date Oct 3rd 1906

Place of Burial Western Cemetery

Date Oct 6th 1906

Undertaker Jos. Stantebeck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94137

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94137

City of Baltimore, (No. 1050, William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME May D. Bald.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH July (Month) 17 (Day) 1906. (Year)

AGE ..... years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Geo. H. Bald.

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Bertha Taylor.

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldkoenig M.D.

(Address) 603 S. Hughes St.

Filed 10/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 2 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1906 to Oct. 2 1906.

that I last saw h er alive on Oct. 2 1906.

and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Marasmus (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) C. Waldkoenig M.D.

Oct. 2 1906 (Address) 603 S. Hughes St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore | DATE OF BURIAL Oct 4 1906

UNDERTAKER Jos. Stanton | ADDRESS 1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...EALTH DEPARTMENT, City of Baltimore.

Ward 7

94138 Registered No. B 94138

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1110 Lpaca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine S Frush

{Residence, if in Baltimore, Give Street and Number.} 1110 L Paca St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 10 1905

AGE — years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Abram Frush

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Jennie Levin.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Abram Frush

(Address) 1110 L Paca St

Filed 10/4 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3d 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 3 1906 that I last saw h[e] alive on Oct 3 1906 and that death occurred, on the date stated above, at 12 30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 3 DAYS

Contributory (Primary.) Convulsions (DURATION) 1 DAYS

(Signed) Edw Krantz M.D.

Address 517 Lexington

Date Oct 3d 1906

Place of Burial Cathedral

Date Oct 4 1906

Undertaker William Cook

Address 501 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94139

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94139

City of Baltimore, (No. 2503 West Lafayette Ave St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sofie Adelaide Louise Hapf

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: August (Month) 29 (Day) 1906 (Year)

AGE: ..... years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: child

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred C Hapf

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Kendelkeid

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fmanuel

(Address) 1618 Madison Ave

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from September 1906 to October 2 1906

that I last saw her alive on October 2 1906,

and that death occurred, on the date stated above, at 12 P. M. The CAUSE OF DEATH was as follows:

Pneumonia catarrhalis

(DURATION) 8 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Emanuel M. D.

10/3 1906 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Lutheran Cemetery Catonsville — DATE OF BURIAL: Oct 4 1906

UNDERTAKER: F. A. Branse & Bro — ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ETH DEPARTMENT, City of Baltimore.

Ward 5 — 94140 — Registered No. B 94140 / 61

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emanuel Russman

{Residence, if in Baltimore, Give Street and Number.} 1236 Mc Elderry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: January 5th 1906

AGE: — years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md- Balto.

FULL NAME OF FATHER: J. M. Russman.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Moth

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Albert R. Moth

(Address) 1236 Mc Elderry St

Filed 10/4 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1906 to Oct. 3rd 1906 that I last saw h-m alive on Oct. 3rd 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro-Spinal Meningitis

(DURATION) 10 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date October 3rd 1906

Place of Burial Philip's R.C. Ken Run

Date Oct 4 1906

Undertaker Max Lieman

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 22 94141 Registered No. B 94141

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 215 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret A. Bell.

{Residence, if in Baltimore, Give Street and Number.} 215 W. Barre St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 9th 1850

AGE 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Talbot Co Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C Bell

(Address) 215 W. Barre St.

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Oct 2 1906

that I last saw her alive on Oct 2 1906,

and that death occurred, on the date stated above, at 9

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 2 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 12 DAYS

(Signed) E. Judson Miller M.D.

Address 2029 W. Balto. St.

Date October 3rd 1906

Place of Burial Loudon Park Cemetery

Date Oct 5th 1906

Undertaker Mr. & Mrs. John H. Leutel

Address S. W. Cor. Fayette & Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94142

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94142

City of Baltimore, (No. Druid Hill Park St. Mary's Orphan Asylum St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth McMahon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown (Month) (Day) 1896 (Year)

AGE: 10 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Rose Jenkins

(Address) St. Mary's Orphan Asylum

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Cerebro Spinal Meningitis

Sudden (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Glenn E. Lauterman M. D.

Oct 7 1906 (Address) 1116 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Admitted from Druid Hill Park

How long at Place of Death? Days

St Mary's Orphan Asylum

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Patrick's

DATE OF BURIAL: Oct 4 1906

UNDERTAKER: John J. Gorman

ADDRESS: 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...EALTH DEPARTMENT, City of Baltimore.

Ward 24 — Registered No. B 94143

94143

CERTIFICATE OF DEATH.

(Place of Death.) No. 1119 Durst alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta P. Davis

{Residence, if in Baltimore, Give Street and Number.} 1119 Durst alley—

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: ... 1...

AGE: 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Widow~~ Married

BIRTHPLACE (State or country): Hartford Co. Md

FULL NAME OF FATHER: Roland Archer

BIRTHPLACE OF FATHER (State or country): Hartford Co.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ~~do~~

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton B. Cannon Brother-in-law

(Address) 705 W. Cross St

Filed 10/4 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 3 1906

that I last saw her alive on Oct 3 1906,

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 376 Hanover St

Date Oct 3 1906

Place of Burial Cedar Hill Cem

Date Oct 4th 1906

Undertaker C. Schlosman & Son

Address 103 Hanover St

HARRY O. ANDERSON
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ETH DEPARTMENT, City of Baltimore.

Ward 9

94144 Registered No. B 94144

105

CERTIFICATE OF DEATH.

(Place of Death.) No. St Lukes Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Rachael J Gardner

{Residence, if in Baltimore, Give Street and Number.} 2620 Frances St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: Nov 23 1846

AGE: 59 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Beckleysville

FULL NAME OF FATHER: James Price

BIRTHPLACE OF FATHER (State or country): Balt. Co. Md

MAIDEN NAME OF MOTHER: — Annacost

BIRTHPLACE OF MOTHER (State or country): Balt. Co Md

OCCUPATION OF DECEASED: Housewife none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Basil Gardner

(Address) 2620 Francis St.

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 3 1906 that I last saw h[illegible] alive on Oct 3 1906, and that death occurred, on the date stated above, at 11 30 P.M. CAUSE OF DEATH (Secondary or Immediate) was Strangulation of the intestine following an operation

(DURATION) 4 DAYS

Contributory (Primary.) Constipation

(DURATION) 6 DAYS

(Signed) Chas. Leslie Rumsey M.D.

Address 712 Park Ave

Date Oct 4 1906

Place of Burial Beckleysville, Md

Date Oct 6 1906

Undertaker Geo J Smith Co

Address 1510 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward 24

94145 Registered No. B 94145

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Hospital Fort McHenry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry S. Jerome

{Residence, if in Baltimore, Give Street and Number.} Hotel Rennert.

Duration of Residence in Baltimore. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 1867.

AGE: 39 years, 10 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Saginaw Mich.

FULL NAME OF FATHER: James Jerome

BIRTHPLACE OF FATHER (State or country): St Clair Mich.

MAIDEN NAME OF MOTHER: Lora L Sabine

BIRTHPLACE OF MOTHER (State or country): Rochester N Y

OCCUPATION OF DECEASED: Agent Union Steamship Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Jerome (Father)

(Address) Oakland Cal.

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906

I HEREBY CERTIFY, That I attended deceased from ____ 190 to ____ 190

that I last saw h... alive on ____ 190

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(DURATION) DAYS

(Signed) Otto M Leinhardt M.D.

Address Coroner

Date October 3 1906

Place of Burial Saginaw Mich

Date 10 4 1906

Undertaker Armstrong Donny Co.

Address 715 Light Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94146 Registered No. B 94146

CERTIFICATE OF DEATH.

(Place of Death.) No. 2508 Fait Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Mills

{Residence, if in Baltimore, Give Street and Number.} 2508 Fait Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct 23 1877
AGE	28 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Nicholas Himelheber
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kate Himelheber
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Mill

(Address) 2508 Fait Ave

Filed 10/4 1906

HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Oct 2 1906; that I last saw her alive on Oct 2 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. Edward Smith M.D.

Address 538 Monroe St.

Date Oct 2 1906

Place of Burial Mt. Carmel Cem

Date October 4 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 94147 — Registered No. B 94147

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 S. Dallas St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Mary A. Graff

{Residence, if in Baltimore, Give Street and Number.} 414 S. Dallas St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH September 11th 1906

AGE ~ years, ~ months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Graff

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Roppelt

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Graff

(Address) 414 S. Dallas St

Filed 10/4 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Oct 2 1906 that I last saw h alive on Oct 1906 and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 2 Days

Contributory (Primary.)

(DURATION) Days

(Signed) W. J. Spalding, M.D.

Address 17 S. Bond

Date Oct 2, 1906

Place of Burial St Evangelic Cem

Date October 4 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore and 1708-1710 Gaughen Avenue

Address

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 94148 — Registered No. B 94148

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Thomas

{Residence, if in Baltimore, Give Street and Number.} 1410 Calhoun Court

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: ~~white~~ Col.

DATE OF BIRTH: 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Samuel Gross

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Charlotte Janey

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/4 1906

HARRY O. ADKINS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 3 1906

I HEREBY CERTIFY, That I attended deceased from June 7 1906 to Oct 3 1906

that I last saw h alive on Oct 3 1906 5.30

and that death occurred, on the date stated above, at 5

A. M. CAUSE OF DEATH (Secondary or Immediate

Chronic diffused Nephritis, Chronic fibroid Myocarditis

(DURATION) DAYS

Contributory (Primary) Cretinism

(DURATION) DAYS

(Signed) Walter D Steel M.D.

Address Bay View Hospt.

Date Oct. 5 1906

Place of Burial Mt. auburn Cem.

Date Oct. 4 1906

Undertaker John H. Teadvin

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 94149 — Registered No. B 94149

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 508 N Dunken alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ethel Oneil

{Residence, if in Baltimore, Give Street and Number.} 508 N Dunken alley

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR colored

DATE OF BIRTH augt 2 1891

AGE 15 years, 2 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Washington DC

FULL NAME OF FATHER James Oneil

BIRTHPLACE OF FATHER (State or country) Florida

MAIDEN NAME OF MOTHER Maggie muse

BIRTHPLACE OF MOTHER (State or country) Fairfax Co. Va

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Oneil

(Address) 508 N Dunken alley

Filed 10/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 2. 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to October 2 1906 that I last saw her alive on oct 2 1906, and that death occurred, on the date stated above, at 9.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 12 DAYS

Contributory (Primary) Exhaustion

(DURATION) 3 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Oct 3 1906

Place of Burial Johnny V

Date October 4 1906

Undertaker R F Gallett

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward 8 — 94150 — Registered No. B 94150

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1915 E Hoom St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucia Holmes

{Residence, if in Baltimore, Give Street and Number.} 1915 Hoom St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH April 3 1901

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Silas Holmes

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Gertrude Grey

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Murray

(Address) 1915 Hoom St

Filed 10/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Oct 3 1906

that I last saw h[illegible] alive on ... 1906

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) DAYS

(Signed) William J. Kyseor M.D.

Address 1908 Bloom St

Date Oct 4. 1906

Place of Burial Laurel

Date October 5 1906

Undertaker R J Elliott

Address 701 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 94151 — Registered No. B 94151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 E. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Holley

{Residence, if in Baltimore, Give Street and Number.} 1217 E. Lexington St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Gross

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Josephine Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Holley

(Address) 1217 E Lexington St

Filed 10/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21, 1906 to Oct 1, 1906 that I last saw h alive on Sept 30, 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of the heart

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Dulany, M.D.,

Address 111 E. Fayette

Date Baltimore Oct 4, 1906

Place of Burial Lauder

Date October 4th 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

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WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) **cause and date of death.**

94152

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94152

City of Baltimore, (No. 1926 E. Lafayette Ave ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Jane Selina Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md St Marys Co

FULL NAME OF FATHER Elijah Clement

BIRTHPLACE OF FATHER (State or country) St Marys Co Md

MAIDEN NAME OF MOTHER Combs

BIRTHPLACE OF MOTHER (State or country) St Marys Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph F Coleman Patrol

(Address) 1926 E Lafayette Av

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Some months 1905 to Oct 3 1906

that I last saw h[er] alive on Oct 3 1906,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Nephritis

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) H. J. Riley M. D.

Oct 4 1906 (Address) 1637 Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Balto County

DATE OF BURIAL Oct 6 1906

UNDERTAKER H C Hughes

ADDRESS 173 Broady

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in th

SECTION 2. *And be it further enacted and ordain* the Physician who attended during his or her last sick ***twenty-four hours after death,*** to the Undertaker, or oth can be ascertained, the full name, sex, age, condition (wh on (whether married or single) of the pe

...MENT, City of Baltimore.

Ward ..... 94153 Registered No. B 94153

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2106 E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Harris

{Residence, if in Baltimore, Give Street and Number.} 2106 E. Pratt st

Duration of Residence in Baltimore. about 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 17th 1820

AGE: 86 years, — months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: J E Halton

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Wm F. Edwards

(Address) 2106 E Pratt st

Filed 10/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2nd 1906

I HEREBY CERTIFY, That I attended deceased from July 1st 1905 to Oct 2nd 1906

that I last saw her alive on Oct 2 1906

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Dysfunctus of Pedagra

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Conway M.D.

Address 1335 E Baltimore St

Date Oct 3rd 1906

Place of Burial Barretts Chapel Md

Date October 6th 1906

Undertaker H. Allen Fuller

Address 2012 E Balto st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case shall come to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

94154 Registered No. B 94154

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2034 E. Fayette St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Jacob Williams

{Residence, if in Baltimore, Give Street and Number.} 2034 E. Fayette St

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 7 1830

AGE 76 years, — months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) York Pa

FULL NAME OF FATHER Elijer Williams

BIRTHPLACE OF FATHER (State or country) York Pa

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Tanner & Woolgrader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles Williams

(Address) 410 N. Washington St

Filed 10/4 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Oct 3 1906 that I last saw him alive on Oct 3 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia †

Gastritis

Contributory (Primary.) Exhaustion (DURATION) 15 DAYS

(DURATION) 3 DAYS

(Signed) Adolph C Eisenberg M.D.

Address 2213 Orleans St

Date Oct 3 1906

Place of Burial Baltimore Md

Date October 5 1906

Undertaker H. Allen Faulkner

Address 2012 E Balto St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, residence, occupation, cause and date of death, condition** (whether married or single) of the deceased, and the

94155

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94155

City of Baltimore, (No. 2030 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosetta Simon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 25 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaac Simon

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Clara Kempfuter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eli Simon

(Address) 2030 McCulloh St.

Filed 10/4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2nd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1902 to Oct 2nd 1906 that I last saw her alive on Oct 2nd 1906, and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Chronic Valvular disease enlargement + myocarditis originally due Ac Art Rheumatism

Some years (DURATION) ..... DAYS

Contributory Acute dilatation

of 24 hrs (DURATION) ..... DAYS

(Signed) V. W. Keown M. D.

Oct 3 1906 (Address) 1938 Linden Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Hebrew Friendship | DATE OF BURIAL: Oct 5 1906

UNDERTAKER: David Sondheim | ADDRESS: 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours* ... or other person ... Undertaker ... can be ascertain ... person deceased, and ... of death ...

94156

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

90

CERTIFICATE OF DEATH. 94156

Registered No. B

City of Baltimore, (No. 275 N. Exeter St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Saul Municser

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept. (Month) 22 (Day) 1876 (Year)

AGE — years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Jacob Municser

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Annie Addia

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Municser

(Address) 275 N Exeter st

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Octob (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Octob 4 1906 to Oct. 4 1906

that I last saw him alive on Oct 4 1906

and that death occurred, on the date stated above, at 8. P.M. The CAUSE OF DEATH was as follows:

Acute Bronchitis

DURATION 2 DAYS

Contributory

DURATION DAYS

(Signed) M. Hirshman M.D.

10/4 1906 (Address) 900 E. Balt st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip's Rd Randall | DATE OF BURIAL Oct 5 1906

UNDERTAKER Max Levinson | ADDRESS 1138 Lovart

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94157

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94157

City of Baltimore, (No. 1137 E. McElderry St.; 5th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Kanowsky

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day)	1835 (Year)
AGE	71 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Mordecai
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Kanowsky

(Address) 912 N. Gay

Filed 10/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~September~~ Oct 4th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1905 to Sept 30 1906

that I last saw h[e] alive on Oct. 1st 1906,

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Cyrus. (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) M. M. Savage, M.D.

Oct 4 1906 (Address) 1121 E. Balt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Rd Roos Dale	Oct 5 1906
UNDERTAKER	ADDRESS
McLennon	1138 Law at

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person [illegible] burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether [illegible] of the person deceased, and the cause [illegible] and date of death.

...ARTMENT, City of Baltimore.

Ward 7

94158 Registered No. B 94158

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 W Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Parker 6

{Residence, if in Baltimore, Give Street and Number.} 402 W. Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH Don't Know

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Isaiah Parker 6

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rosetta —

BIRTHPLACE OF MOTHER (State or country) Don't Know

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Parker 6 (wife)

(Address) 402 W. Cross St

Filed 10/5 1906

HARRY O'Z ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Wm Leinhardt M.D.

Address Coroner

Date October 4 1906

Place of Burial Mt Auburn

Date Oct 6 1906

Undertaker Jno N Goodwin

Address 2 Lexington St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...TMENT, City of Baltimore.

Ward 7 94159 Registered No. B 94159

CERTIFICATE OF DEATH.

172

(Place of Death.) No. Pier # 9 Light St Wharf ~~St.~~ (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Gross 6

{ Residence, if in Baltimore, Give Street and Number. } 716 Meyers Court

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH Dont know

AGE 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md

FULL NAME OF FATHER Isaac Gross 6

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Cornelia Mabel 6

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia Gross 6 (mother)

(Address) 333 State St.

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3 1906

I HEREBY CERTIFY, That I attended deceased from ...1906 to ...1906

that I last saw h... alive on ...1906,

and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date October 3 1906

Place of Burial Mt Auburn

Date Oct 5 1906

Undertaker Jno H Bradenbaugh

Address Interred

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...ARTMENT, City of Baltimore.

Ward 12

94160 Registered No. B 94160

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 418 W. Henrietta St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Spriddle 6

{Residence, if in Baltimore, Give Street and Number.} 418 W. Henrietta St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 75 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Adams Grandson

(Address) 418 W. Henrietta St

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 2 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Valvular disease of the Heart

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Thos. M. Feinhardt M.D.

Address Coroner

Date October 3 1906

Place of Burial Mt Auburn

Date Oct 3 1906

Undertaker Jno. N. Trader

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE

4

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...MENT, City of Baltimore.

Ward 24 — 94161 — Registered No. B 94161 / 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 37 E. Church St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm Curry

{Residence, if in Baltimore, Give Street and Number.} 37 E. Church st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm. Curry

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Edwards

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Annie Curry

(Address) 37 E. Church St

Filed 10/5 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 3 1906

that I last saw h[im] alive on Oct 3 1906.

and that death occurred, on the date stated above, at 9:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Ulcer

Several weeks (DURATION) DAYS

Contributory (Primary.) Perforation - cho[lera] 2 [hours] (DURATION) DA[YS]

(Signed) E. D'Ellis M.D.

Address 915 Light st

Date Oct 4 1906

Place of Burial Mt Auburn

Date Oct 5 1906

Undertaker Fred A. Tondorf

Address 20 Courtland st

HARRY O. ARGHANS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death.***

94162

HEALTH DEPARTMENT, CITY OF BALTIMORE.

17 6

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94162

Registered No. B.....

City of Baltimore, (No. 1104 N. Carey St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Infant - Parent names Clarence Billmyer Edith Billmyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: — (Month) — (Day) 1— Year)

AGE: — years, — months, (12 hours.) days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

NAME OF FATHER: Shannon Billmyer

BIRTHPLACE OF FATHER (State or country): Carroll Co Md.

MAIDEN NAME OF MOTHER: Edith Bain

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

...ATED PERSONAL PARTICULARS ARE TRUE TO THE ...NOWLEDGE AND BELIEF.

...er C Billmyer

...1104 N Carey St

6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 5th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Oct 5 1906

that I last saw h im alive on Oct 5th 1906

and that death occurred, on the date stated above, at (2) oclock A. M. The CAUSE OF DEATH was as follows:

Prolonged Labor —

lived 1½ hours (DURATION) DAYS

Contributory Ex haustion, (DURATION) DAYS

(Signed) Chas H. Burbert.

Oct 5 1906 (Address) 1100 E. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Oct 5 1906

UNDERTAKER: W M Routson

ADDRESS: 230 N Gre...

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the B... of H...

SECTION 2. And be it furth... physician who attended ... hours af...

Missing CERTIFICATES

B 94163

To

B 94166

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9416

B 9416 7.

CERTIFICATE OF DEATH.

B 941

City of Baltimore, (No. 1011 Ramly. St.; 3rd Ward) Registered No. B

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Lennie Lipsid.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.	COLOR: W.
DATE OF BIRTH: June 5 1906 (Month) (Day) (Year)	
AGE: — years, 4 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: W.	
BIRTHPLACE (State or country): Baltimore.	
FULL NAME OF FATHER: Henry Lipsid.	
BIRTHPLACE OF FATHER (State or country): Russia.	
MAIDEN NAME OF MOTHER: Lena Glazer	
BIRTHPLACE OF MOTHER (State or country): Russia.	
OCCUPATION OF DECEASED: Nil —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred D Whitehead MD

(Address) 1215 Madison Ave

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 5 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 4 1906 to October 4 1906

that I last saw h[illegible] alive on October 4 1906

and that death occurred, on the date stated above, at [illegible] A. M. The CAUSE OF DEATH was as follows:

Peritonitis.

Apnoea —

(DURATION) 2 hrs

Contributory Convulsions

(DURATION)

(Signed) Alfred D Whitehead MD

Oct 5 1906 (Address) 1215 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philadelphia Road nr Rs — DATE OF BURIAL: Oct 5 1906

UNDERTAKER: Hod Lewinson — ADDRESS: 1134 Low St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Balti

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married, single or of the p[illegible]

Ward 15 — 94168 — Registered No. B 94168

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1602 Baker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Lorden

{Residence, if in Baltimore, Give Street and Number.} 1602 Baker St

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Aug 1837

AGE: 69 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Daniel Lorden

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Julia Keahler

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lorden

(Address) 1602 Baker St

Filed 10/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Oct 4 1906 that I last saw h er alive on Oct 4 1906 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

old age

(DURATION) 6 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Claude Christopher M.D.

Address 1655 Fulton ave

Date 10/4 1906

Place of Burial New Cathedral

Date Oct 8th 1906

Undertaker M. Faherty & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the deceased, and the cause and date of death.

City [If

SEX

DATE

AGE

SINGLE WIDOW

BIRTHPL (State or

FULL NA OF FATH

BIRTHPL OF FATH (State or c

MAIDEN N OF MOTHE

BIRTHPLA OF MOTHE (State or co

OCCUPATIO OF DECEAS

THE ABOVE BEST OF M

(Informant)

(Addres

Filed 10/5

...HEALTH DEPARTMENT, City of Baltimore.

Ward 1 94169 Registered No. B 94169

CERTIFICATE OF DEATH.

20

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry B. Sanders

{Residence, if in Baltimore, Give Street and Number.} Brooklyn N.Y.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Sept 15 1877

AGE 29 years, — months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Vt.

FULL NAME OF FATHER Frank L. Sanders

BIRTHPLACE OF FATHER (State or country) N.H.

MAIDEN NAME OF MOTHER Emma J. Booth.

BIRTHPLACE OF MOTHER (State or country) Vt

OCCUPATION OF DECEASED Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank L. Sanders.

(Address) North Chichester N.H.

Filed 10/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 5 1906

that I last saw him alive on Oct 5 1906

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate)

General Septicaemia

(DURATION) DAYS

Contributory (Primary.) Infection Hip

(DURATION) DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date Oct 5 1906

Place of Burial Chichester N. Hampshire

Date OCT 5 1906 1906

Undertaker Wm. S. Fry

Address 841 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes und notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a ce setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of t deceased, and the ***cause and date of death.***

Ward 1 — 94170 — Registered No. B 94170

CERTIFICATE OF DEATH.

(Place of Death.) No. 521 N. Chapel St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.

Full Name Mary Blazek

{Residence, if in Baltimore, Give Street and Number.} 521 N. Chapel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	21 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Bohemia
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Annie Blazek

(Address) 521 N. Chapel St

Filed 10/5 1906 — HARRY G. ANDREWS PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 3. 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Oct 3 1906

that I last saw h[er] alive on " 1906

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

5½ mo (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) William J. Tydeman M.D.

Address 2008 Ashland Ave

Date October 4 1906

Place of Burial St Alphonsus

Date Oct 6 1906

Undertaker P. Landvoigt

Address 1904 Ashland Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death**.

WM. J. C. DULANY CO., BALTIMORE

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94171

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94171

Registered No. B

City of Baltimore, (No. 1412 Pennsylvania Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E. Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John E Phillips

(Address) 1412 Penna Ave

Filed 10/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1906 to Oct 4th 1906 that I last saw h in alive on Oct 2nd 1906 and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial nephritis

uncertain (DURATION) — DAYS

Contributory (DURATION) DAYS

(Signed) Henry M. Fetterolf M. D.

Oct 4 1906 (Address) 211 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: National Cem

DATE OF BURIAL: Oct 6 1906

UNDERTAKER: Lowe Cook

ADDRESS: 504 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and

HEALTH DEPARTMENT, City of Baltimore.

94172

Ward 24

Registered No. B

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1406 Haubert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Kowalsch

{Residence, if in Baltimore, Give Street and Number.} 1406 Haubert St

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 30 1906

AGE — years, — months, 6 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Anton Kowalsch

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Elisabetha Fuosketter

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Kowalsch

(Address) 1406 Haubert St.

Filed Oct 7 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1906 to Oct 4th 1906 that I last saw h[er] alive on Oct 4 1906, and that death occurred, on the date stated above, at 10 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (DURATION) DAYS

Contributory (Primary.) Asthenia (DURATION) DAYS

(Signed) Drake M.D.

Address 1510 E. Fort Ave

Date Oct 5th 1906

Place of Burial Holy Cross Cem

Date October 5th 1906

Undertaker Jos. H. Stuntz Lyde

Address 1318 Light St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94173

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94173

Registered No. B .....

City of Baltimore, (No. 1221 Holbrook St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Edward Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August (Month) 26 (Day) 1903 (Year)
AGE	3 years, 1 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Charles C. Brown
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Katherine Brown
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 122 Holbrook St.

Filed Oct 5 1906 — Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 30 1906 to October 4 1906 that I last saw h[er] alive on October 4 1906, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Scarlet Fever

(DURATION) ..... DAYS

Contributory Acute Nephritis

(DURATION) ..... DAYS

(Signed) Howard E. Wooden M. D.

October 5 1906 (Address) 732 E. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Mary's Cemetery Govans	Oct 6 1906
UNDERTAKER	ADDRESS
Henry Hockschild	1301 E. Eager

Hockschild Ave
Oct 6/06

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 94174 Registered No. B 94174

15

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Etta Burke

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mul.

DATE OF BIRTH: Sept. 4 1906

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 10/5 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 9 1906 to Oct. 3 1906

that I last saw her alive on Oct. 2 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Oct. 3 1906

Place of Burial

Date 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., Baltimore.

248

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94173

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de US give "Sp

SEX

DATE

AGE

SINGLE WIDOW

BIRTHP (State o

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BIRTHP OF FA (State o

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BIRTHP OF MO (State o

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Filed Oct

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

CERTIFICATE OF DEATH.

94175

Registered No. B

City of Baltimore, (No. 8 Thursby Court Wendy St.; 9th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Conte

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: black.

DATE OF BIRTH: Oct. 3rd 1906 (Month) (Day) (Year)

AGE: [illegible] years, [illegible] months, one days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph Conte.

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Alice Barton

BIRTHPLACE OF MOTHER (State or country): Baltimore md.

OCCUPATION OF DECEASED: Not any

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) Joseph Conte.

Filed 10/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 3rd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1906 to Oct 3 1906

that I last saw her alive on Oct 3 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Premature birth.
7 months.

(DURATION) one DAYS

Contributory

(DURATION) DAYS

(Signed) H. J. Hunter M. D.

Oct 3 1906 (Address) 811 Gorsuch Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: [illegible] P. R. S.

DATE OF BURIAL: OCT 4 - 1906

UNDERTAKER: Commissioner Health.

ADDRESS: City Hall

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, of the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

8 x 2

Ward 15 — 94176 — Registered No. B 94176

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeo Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Haugenauer.

{Residence, if in Baltimore, Give Street and Number.} 2530 Madison Ave -

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Aug - 12 - 1826

AGE: ..... years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 2530 Madison Ave

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/6 1906

HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct - 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 190 to Oct 4 1906 that I last saw h.. alive on Oct 4 1906 and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 31 DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) 1/2 DAY

(Signed) M. W. Stuck M.D.

Address MS Homeo Hospital

Date Oct - 4 1906

Place of Burial COLLEGE OF P. & S.

Date OCT 5 - 1906 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

249

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 Registered No. B 94177

94177

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Elizabeth~~ Ethel May Williams

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. 2yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk.

DATE OF BIRTH: June 24 1904

AGE: 2 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 10/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 3 1906 to Oct. 4 1906 that I last saw her alive on Oct. 3 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Oct. 4 1906

Place of Burial

Date 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

COLLEGE OF P. & S. OCT 5- 1906 HARRY O. ANDREWS, PERMIT CLERK. Commissioner Health FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

249

Ward 1 — 94178 — Registered No. B 157

94178

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jane Peyton

{ Residence, if in Baltimore, Give Street and Number. } 1st H.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Bl.

DATE OF BIRTH Oct 3rd 1906

AGE 1 hour ~~years~~, ~~months~~, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3. 1906 to Oct 3. 1906

that I last saw him alive on Oct 3. 1906,

and that death occurred, on the date stated above, at 12.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia neonatorum
Premature Birth.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hosp.

Date Oct 3-06 1906

Place of Burial

Date 190

Undertaker

Address Health Department

JOHNS HOPKINS HOSPITAL
OCT 5 - 1906
Commissioner Health
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

249

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 94179 — Registered No. B 94179

CERTIFICATE OF DEATH.

17th

(Place of Death.) No. Body found at Pier # 6 Light St Wharf (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Colored

DATE OF BIRTH Don't know

AGE about 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Coroner Otto M Feinhardt

(Address) 1017 N Charles St

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found floating Sept 30 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at —

— M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Otto M Feinhardt M.D.

Address Coroner

Date October 3 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date OCT 5 - 1906 190

Undertaker .....

Address Duvall Undertaker

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

City to bury. Body at morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 94180 Registered No. B 94180

CERTIFICATE OF DEATH.

(Place of Death.) No. 1903. W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Alfred Spangler

{ Residence, if in Baltimore, Give Street and Number. } 1903. W. Lombard E

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 14 1831

AGE 75 years, 2 months, 20 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Carroll Co Md

FULL NAME OF FATHER Spangler

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Clara Reaver

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B Spangler

(Address) 2121 W Fayette St

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 1906

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis Liver 7
Bright Disease 4

(DURATION) DAYS

Contributory (Primary.)

Old age (DURATION) DAYS

(Signed) E. Brunk Jones M.D.
Coroner

Address

Date Oct 4th 1906

Place of Burial Mt. Olivet Cem

Date October 6. 1906

Undertaker J. D. Bork

Address 1103 Balto St

WM. J. C. DULANY CO. BALTIMORE

Remove X 2121 W. Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 94181 Registered No. B 94181

56

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elbert W. Pierce

{Residence, if in Baltimore, Give Street and Number.} Towson Md

Duration of Residence in Baltimore. Ten months

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH ..... 1 .....

AGE 60 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Hugh Pierce

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ann Tippett

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Lewis Taylor. M.D.

(Address) Pikesville Md.

Filed 10/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 190 to — 190

that I last saw h ..... alive on 190

and that death occurred, on the date stated above, at 6-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Alcoholism

(DURATION) — DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 E. Caroline St

Date Oct. 5th 1906

Place of Burial Georgetown D. C.

Date Oct 6 1906

Undertaker Wm J. Tuckner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 94182 — Registered No. B 94182

CERTIFICATE OF DEATH.

14

(Place of Death.) No. Shelter for Aged Colored Persons 517 N. Biddle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Armstrong

{Residence, if in Baltimore, Give Street and Number.} 517 W Biddle st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: About 1816

AGE: 90 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Miss Schooley

(Address) 517 W. Biddle st

Filed 10/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4 1906

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Oct 4 1906 that I last saw h er alive on Sept 27 1906 and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary edema

(DURATION) ..... DAYS

Con'ributory (Primary.) Mitral insufficiency (DURATION) ..... DAYS

(Signed) Henry M. Fitzhugh M.D.

Address 211 W. Madison

Date Oct 5 1906

Place of Burial Mt Auburn

Date Oct. 6 1906

Undertaker Chas. E. Franck

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B 94183

City of Baltimore, (No. 5-00 Baker St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Perkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 28th (Day) 1829 Year

AGE: 77 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Isaac Perkins

BIRTHPLACE OF FATHER (State or country): New Jersey. ~~Saint Unmarried~~

MAIDEN NAME OF MOTHER: Jane Vansyoc

BIRTHPLACE OF MOTHER (State or country): New Jersey

OCCUPATION OF DECEASED: Retired Clergyman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hattie Perkins

(Address) 500 Baker St

Filed 10/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 5 1906 that I last saw h[illegible] alive on Oct 5 1906, and that death occurred, on the date stated above, at 2 1 M. The CAUSE OF DEATH was as follows:

Paralysis.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G. A. Mclean M. D.

Oct 5 1906 (Address) 1303 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Oct 7 1906

UNDERTAKER: G. F. Fraser — ADDRESS: 723 W. Lan[illegible]

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — 94184 — Registered No. B 94184

CERTIFICATE OF DEATH.

120

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. E. A Benson.

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 8 1856
AGE	49 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Samuel W Benson
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Louisa W Dorsey
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Richard F. Hall

(Address) 443 Halsey St Brooklyn NY

Filed 10/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Oct 5 1906

that I last saw h[illegible] alive on Oct 5 1906,

and that death occurred, on the date stated above, at 3[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

(DURATION) - DAYS

(Signed) Roth Bay M.D.

Address University Hospital

Date Oct 5 1906

Place of Burial Pocomoke, Worcester Co Md

Date Oct 6 1906

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Removal to 1003 W Balto St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 94185

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Hommeo Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa Jones.

{Residence, if in Baltimore, Give Street and Number.} 907 Eutaw St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	45 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Williamsport, Md
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. T. Rhepl.

(Address) Williamsport, Md

Filed Oct 8th 1906

HARRY C. ANDREAS, PERRIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Oct - 4 1906 that I last saw h.. alive on Oct 4 1906 and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease and Cachexia of Liver -

(DURATION) 3631 DAYS

Con'ributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) M. W. Shook M.D.

Address Md Homoeo Hospital

Date Oct - 7 1906

Place of Burial Williamsport, Maryland

Date Oct 6 1906

Undertaker H. Rit & Bro

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 94186 — Registered No. B 94186

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1912 Kennedy Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Nelson Whiteford

{Residence, if in Baltimore, Give Street and Number.} 1912 Kennedy Ave

Duration of Residence in Baltimore. about 13 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Unknown

AGE 64 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Harford County Md

FULL NAME OF FATHER James W Whiteford

BIRTHPLACE OF FATHER (State or country) Harford County Md

MAIDEN NAME OF MOTHER Nancy Ramsey

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Berry

(Address) 1912 Kennedy Ave.

Filed 10/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Oct 5 1906

that I last saw h alive on Oct 3 1906

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Dr. Jefferson Buck M.D.

Address 1127 Caroline St

Date Oct 5 1906

Place of Burial Delta, York Co Pa

Date Oct 8 1906

Undertaker Wm Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 94187 Registered No. B 94187

CERTIFICATE OF DEATH.

(Place of Death.) No. Jha University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Browne

{Residence, if in Baltimore, Give Street and Number.} 238 No Amity St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jacob Browne

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Caroline

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Browne

(Address) Rosedale Balto Co

Filed 10/7 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Crushed Fingers Run over electric Car Accident

30 Mins (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroners

Date Oct 4 1906

Place of Burial Mt. Auburn

Date Oct 7 6" 1906

Undertaker Alford L Trulove

Address 10 Schroder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94188

Ward 4 94188 Registered No. B 36

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Benjamin Preston

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 61 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/6 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5. 1906

I HEREBY CERTIFY, That I attended deceased from Jany. 30, 1906 to Oct. 5. 1906

that I last saw him alive on Oct. 4 1906.

and that death occurred, on the date stated above, at 9.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) Indefinite DAYS.

Contributory (Primary) Appendicitis Dementia,

& Arteriosclerosis (DURATION) Last DAYS

(Signed) B. M. Owens Lee M.D.

Address Bay View Asylum

Date October 5. 1906

Place of Burial Sacred Heart

Date Oct. 6th 1906

Undertaker Evans & Spence

Address 1814 20 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 94189 Registered No. B 94189

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 E. Hughes st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Edw. Milligan

{Residence, if in Baltimore, Give Street and Number.} 205 E. Hughes st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Feby 17 1906

AGE: — years, 7 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph E. Milligan

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md.

MAIDEN NAME OF MOTHER: Edna R. Thomas

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos E. Milligan

(Address) 205 E Hughes st

Filed 10/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 5 1906

that I last saw him alive on Oct 3 1906

and that death occurred, on the date stated above, at 10 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) four weeks DAYS

Contributory (Primary.)

Ex Lanestrin (DURATION) 3 DAYS

(Signed) Robt. E. L. Leitch M.D.

Address 1318 E. Chase st.

Date October 5th 1906

Place of Burial Cedar Hill Cemetery

Date Oct 6 1906

Undertaker Edward Fanning

Address 1760 Baltimore Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 94190

94190

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Hd. Geo. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Murphy

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point

Duration of Residence in Baltimore. Two days in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Burns

..... (DURATION) ..... DAYS

Contributory (Primary.) accident

..... (DURATION) ..... DAYS

(Signed) Allan Baudini M.D.

Address Two Lafayette Ave. (Corner)

Date Oct. 5th 1906

Place of Burial Bealeton Fauquier Va

Date ..... 190 .....

OCT 6 1906

(SIGNED) ANDREWS)
PERMIT CLERK.

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94191 Registered No. B 94191

CERTIFICATE OF DEATH.

(Place of Death.) No. The Chas. Home - Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edwin L. Parker -

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 73 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Mowen

(Address) 215 Park

Filed 10/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from April 13 1906 to Oct 6 1906 that I last saw him alive on Oct 6 1906, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Decline of old age - -

(DURATION) ..... DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) ..... DAYS

(Signed) [signature] M.D.

Address The Chas Home - Infirmary

Date Oct 6 - 1906

Place of Burial Greenmount Cemetery

Date Oct 8th 1906

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 94192 Registered No. B 94192

CERTIFICATE OF DEATH.

(Place of Death.) No. 52 Walpert ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Bupple

{Residence, if in Baltimore, Give Street and Number.} 52 Walpert ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sep 23 1821

AGE: 85 years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Bell

(Address) 52 Walpert ave

Filed 10/6 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH October 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15th 1906 to Oct 5th 1906

that I last saw h[illegible] alive on Oct 5th 1906

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Shipwash M.D.

Address 5 N. Washington St.

Date 190

Place of Burial Greenhill Park Cem

Date Oct 8 1906

Undertaker Louis Freeman

Address 6 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94193 — Registered No. B 94193

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 N Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate M Olwine

{Residence, if in Baltimore, Give Street and Number.} 20 N. Collington ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH Oct 27. 1871

AGE 34 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER A. J. Olwine

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Kate M not known

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Olwine Jr.

(Address) 20 N Collington ave

Filed 10/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4. 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 4 1906

that I last saw her alive on Oct 3 1906,

and that death occurred, on the date stated above, at 6.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Neplritis

(DURATION) 8 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Oct 5 1906

Place of Burial Greenmount Cem

Date October 6 1906

Undertaker Walter Fuller

Address 2013 E Balto. st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94194

Registered No. B .....

City of Baltimore, (No. Franklin Square Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine Gregorius

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Jan (Month) 28 (Day) 1885 (Year)
AGE: 21 years, 8 months, 7 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single
BIRTHPLACE (State or country): Baltimore City
FULL NAME OF FATHER: Christian Gregorius
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER: Catherine R. Redinger
BIRTHPLACE OF MOTHER (State or country): Baltimore City
OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Gregorius
(Address) 1905 Presbury St

Filed 10/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 5th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1906 to Oct. 5th 1906
that I last saw her alive on Oct 4th 1906,
and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Brain Abscess, of (Cerebellum)

(DURATION) DAYS

Contributory Mastoid abscess — unknown (DURATION) DAYS

(Signed) [illegible] M. D.
10-5 1906 (Address) Franklin Sq. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 1904 Pulaski — How long at Place of Death? 11 days

Where was disease contracted, if not at place of death? None ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Oct 7 1906
UNDERTAKER	ADDRESS
Geo W Little	531 N Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 94195 Registered No. B 94195

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Boyd st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Mouiz

{Residence, if in Baltimore, Give Street and Number.} 936 Boyd st

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1866

AGE 40 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Mouiz

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bridget Mouiz

(Address) 936 Boyd st

Filed 10/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4th 1906

I HEREBY CERTIFY, That I attended deceased from September 1905 to Oct 4 1906

that I last saw him alive on Oct 4 1906

and that death occurred, on the date stated above, at 6-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enclocunditis

1 year (DURATION) 20 DAYS

Contributory (Primary) Heart failure

(DURATION) 1 DAY

(Signed) J. E. Mann M.D.

Address 853 Columbia Ave

Date Oct 5 1906

Place of Burial St Peters

Date Oct 8th 1906

Undertaker John Howard

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 94196 — Registered No. B 94196

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 Bellair Ave East St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles L. Buethler

{Residence, if in Baltimore, Give Street and Number.} 21 Bellair ave

Duration of Residence in Baltimore. Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept. 28th 1906
AGE	....years, ...months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Charles Buethler
BIRTHPLACE OF FATHER (State or country)	Washington D.C.
MAIDEN NAME OF MOTHER	Fannie A. Muller
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas Buethler Father

(Address) 21 Bellair ave

Filed 10/6 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to October 6th 1906 that I last saw h 2im alive on Oct 5th 1906, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1201 Eutaw St

Date Oct 6th 1906

Place of Burial Baltimore Cemetery

Date Oct 7th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

94197

Registered No. B 94197

64

CERTIFICATE OF DEATH.

(Place of Death.) No. In patrol wagon near City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter McConnell

{Residence, if in Baltimore, Give Street and Number.} 400 N. Calvert St

Duration of Residence in Baltimore. 20 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Sept. 15 — 1858

AGE: 48 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter McConnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: do not know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. C. Boone

(Address) 632 Roland Ave.

Filed 10/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 4, 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate) Apoplexy

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Caroline

Date Oct. 5 1906

Place of Burial New Cathedral Cemetery

Date September 6 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94198

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94198

City of Baltimore, (No. 1824 N Durham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Clifton Riepe.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Oct (Month) 3rd (Day) 1906 (Year)

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: John W. Riepe

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Minnie M. Riepe.

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Riepe

(Address) 1824 N. Durham St

Filed 10/6 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 5th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3rd 190 to Oct 6th 1906

that I last saw him alive on Oct 4th 1906,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Exhaustion.

(DURATION) DAYS

Contributory Anencephalus.

(DURATION) DAYS

(Signed) Wm H. White. M. D.

Oct 6th 1906. (Address) 1101 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 6 1906
UNDERTAKER	ADDRESS
Henry Houck & Son	1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 94199 — Registered No. B 94199

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 Milton Ave ~~Antoinette Kemp~~ St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Antoinette Kemp

{Residence, if in Baltimore, Give Street and Number.} 106 milton ave

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 15th 1837

AGE: 69 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. Degenhard

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Hupfer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kemp

(Address) 106 N. Milton Ave

Filed Oct 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30 1906 to Oct 3 1906 that I last saw h-- alive on 1 h 1906, and that death occurred, on the date stated above, at 1130 P M. CAUSE OF DEATH (Secondary or Immediate) Bright's Disease

(DURATION) —— DAYS

Contributory (Primary.) Dysentary

(DURATION) 7 DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton Ave

Date Oct 4 1906

Place of Burial Baltimore Cem

Date Oct 7 1906

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts and 1708-1710 Caution Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94200

Ward 24

94200

Registered No. B 94200

CERTIFICATE OF DEATH.

(Place of Death.) No. 1451 Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Earl Rumsey

{ Residence, if in Baltimore, Give Street and Number. } 1451 Henry St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH June 5th 1906

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Chas Rumsey

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Do not know

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fahey

(Address) 1232 Williams

Filed Oct 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 5 1906

that I last saw h— alive on Oct 5 1906

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Lobar

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Darlington Jr M.D.

Address 122 E Fort Ave

Date 190

Place of Burial Balto Cemetery

Date Oct 7 1906

Undertaker John D Fahey

Address 1232 Williams

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — 94201 — Registered No. B 94201 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 Vincent St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Infant daughter of Mr & Mrs Albert A Lee

{Residence, if in Baltimore, Give Street and Number.} 1308 Vincent

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colored

DATE OF BIRTH: Oct 4 1906

AGE: ..... years, 13 hours months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: X

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Albert Lee

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Hattie Bell Edwards

BIRTHPLACE OF MOTHER (State or country): Harpers Ferry W. Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Lee

(Address) 1308 Vincent St

Filed Oct 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 5 1906

that I last saw h— alive on Oct 4 1906

and that death occurred, on the date stated above, at 12 A M.

CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

I think, due to a

Specific cause

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. U. Deming M.D.

Address 1320 N. Mount St

Date Oct 5 1906

Place of Burial Laurel Cem

Date Oct 6 1906

Undertaker Jas. H. Chase & Co

Address 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 94202 — Registered No. B 94202

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 Vincent St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant son of Mr & Mrs Albert Lee

{Residence, if in Baltimore, Give Street and Number.} 1308 Vincent

Duration of Residence in Baltimore. — — — —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: Oct 4 1906

AGE: 6 hours — ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balt. Md

FULL NAME OF FATHER: Albert Lee

BIRTHPLACE OF FATHER (State or country): Balt. Md.

MAIDEN NAME OF MOTHER: Hattie Belle Edwards

BIRTHPLACE OF MOTHER (State or country): Harpers Ferry W. Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Lee

(Address) 1308 N. Vincent St.

Filed Oct 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 5 1906

that I last saw him alive on Oct 4 1906.

and that death occurred, on the date stated above, at 5.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

I think due to a

specific cause

..... (DURATION) DAYS

Con'tributory (Primary.) —

..... (DURATION) DAYS

(Signed) J. C. Deming M.D.

Address 1320 N. Monte

Date Oct 5 1906

Place of Burial Laurel Md

Date October 6 1906

Undertaker Sam'l H. Chase

Address 161 N. [illegible] Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 94203 — Registered No. B 94203

CERTIFICATE OF DEATH.

(Place of Death.) No. 437 Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Wilson

{Residence, if in Baltimore, Give Street and Number.} 437 Central Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Thomas Wilson

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Ida Simms

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Simms

(Address) 437 N Central Ave

Filed 6 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ~~DAYS~~

(Signed) Jos J Cummins M.D.
Coroner

Address .....

Date Oct 6 — 06 1906

Place of Burial Asbury

Date October 6 — 1906

Undertaker R F Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

~~94204~~

Registered No. B 94204

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Fell St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Albert Czerkus

{ Residence, if in Baltimore, Give Street and Number. } 915 Fell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Michael Czerkus.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anastazija Lewandowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Czerkus.

(Address) 915 Fell St

Filed Oct 6 1906

Registrar

Earl

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Oct 5 1906

that I last saw him alive on Oct 5 1906,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Geo T Twiggs M.D.

Address 105 S. Bond.

Date Oct 6 1906

Place of Burial St Stanislaus.

Date Saturday Oct 6 1906

Undertaker M. F. Sadowski's

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 94205

Ward 3 94205 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Meyer Cohen

{Residence, if in Baltimore, Give Street and Number.} 136 S. Eden Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1866
AGE	40 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Shopsy Cohen
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Birtha —
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Presser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Cohen

(Address) 1402 E Fayette St

Filed 10/6 1906 S2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Oct 5 1906 that I last saw him alive on Oct 5 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Unknown

(DURATION) DAYS

Contributory (Primary.) Polycythaemia

(DURATION) DAYS

(Signed) Harry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Oct 6, 1906

Place of Burial Philips Rd Ross Dd

Date Oct 7, 1906

Undertaker Max Lerner

Address 1135 Low st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94206

Registered No. B

City of Baltimore, (No. 23 N. Wright St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hyman Rosenblatt

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH ——— (Month) 1 (Day) Year)

AGE 1 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Maurice Rosenblatt

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Bobbie Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maurice Rosenblatt

(Address) 436 N. Gay st.

Filed 10/6/ 1906 S2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 1906 to Oct 5 1906

that I last saw him alive on ' ' 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Asthma

Six Month (DURATION) DAYS

Contributory Asthma

One day (DURATION) DAYS

(Signed) A. J. Freedman M. D.

Oct 6 1906 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL Philip's Rd Rob Dale — DATE OF BURIAL Oct 7 1906

UNDERTAKER Max Leimer — ADDRESS 1138 Lowell

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — Registered No. B 94207

94207

CERTIFICATE OF DEATH.

(Place of Death.) No. 1366 Garret Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Masur

{Residence, if in Baltimore, Give Street and Number.} 1366 Garret Av

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 20 1905

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~MARRIED~~ ?

BIRTHPLACE (State or country): here

FULL NAME OF FATHER: John masur

BIRTHPLACE OF FATHER (State or country): Russia Polana

MAIDEN NAME OF MOTHER: Wladislava Okrasa

BIRTHPLACE OF MOTHER (State or country): Russia Polana

OCCUPATION OF DECEASED: -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wladislava Okrasa

(Address) 1366 Garret Av

Filed Oct 7th 1906 — Registrar

C.S.H.D.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 6 1906

that I last saw him alive on Oct 6 1906,

and that death occurred, on the date stated above, at 1.A.M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Croup (DURATION) 2 DAYS

Contributory (Primary) — (DURATION) DAYS

(Signed) J. Mahn M.D.

Address 1516 E. Fort Av

Date Oct 6th 1906

Place of Burial Holy Rosary

Date October 7 1906

Undertaker Jacob Figallowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 Registered No. B 94208

137

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Butlers alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Davis

{ Residence, if in Baltimore, Give Street and Number. } 829 Butlers alley

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Calvert. Co. Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Chester

(Address) 829 Butlers alley

Filed Oct 7 1906. Registrar

F x l

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2d 1906 to Oct 5 1906

that I last saw her alive on Oct 5 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal Septicemia

(DURATION) 3d DAYS

Contributory (Primary.) Heart Failure

(DURATION) 3d DAYS

(Signed) C. H. Finan M.D.

Address 712 S. Bond St

Date Oct 6th, 1906

Place of Burial Mt. Auburn Ct

Date Oct. 7th 1906

Undertaker J. L. Brown & Son

Address 108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94209

Ward ..... Registered No. B 94209

CERTIFICATE OF DEATH.

(Place of Death.) No. 2619 Fait Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Michalana B Sembeck

{ Residence, if in Baltimore, Give Street and Number. } 2619 Fait Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 22 1

AGE: 3 years, 4 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Dembek.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mary Krupska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dembek.

(Address) 2619 Fait Ave

Filed Oct 7th 1906. FXS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 6 1906 that I last saw h-- alive on Oct 6 1906, and that death occurred, on the date stated above, at 1030 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diptheria

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Oct 6. 1906

Place of Burial St Stanislaus.

Date Sunday Oct 7 " 1906

Undertaker M E Sudowski

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Funeral will take place 1030 a m

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 94210

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Memorial Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Petronia Astroenne

{Residence, if in Baltimore, Give Street and Number.} 120 S. Green

Duration of Residence in Baltimore. 1 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: 2 | COLOR: W

DATE OF BIRTH: June 11th 1874

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Astroenne

(Address) 120 S. Greene St

Filed Oct 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from a cancer 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate.)

Terminal Pneumonia

due to superficial burns

Accident

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Gabriel Martin M.D.

Address

Date Oct 6 1906

Place of Burial St. Alphonsus Cemtery Baltimore Co

Date Oct 7th 1906

Undertaker Geo. Leimbach & Son

Address 647 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 Registered No. B 94211

CERTIFICATE OF DEATH.

(Place of Death.) No. Pier #31 Locust Point St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Vardan Fillery

{Residence, if in Baltimore, Give Street and Number.} 1341 Andre St. B 94211

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 4 1882

AGE: 24 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: John Fillery

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Eliza Dulaney.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Stevador.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Fillery (mother)

(Address) 1341 Andre St

Filed Oct 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 1/4 M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Otto M. Feinhardt M.D.

Address Coroner

Date October 6. 1906

Place of Burial Cedar Hill

Date Oct 8 1906

Undertaker Jos. Stumbeck

Address 1318 Light str.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 Registered No. B 94212

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Burgundy Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Francis Edward Prevelle

{Residence, if in Baltimore, Give Street and Number.} 1122 Burgundy Alley

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 9th 1905

AGE 1 years, months, 29 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph A Previll

BIRTHPLACE OF FATHER (State or country) N. Y.

MAIDEN NAME OF MOTHER Mary E Weber

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Previll

(Address) 1122 Burgundy alley

Filed Oct 7 1906

Registrar

A.S.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to October 6 1906

that I last saw him alive on October 4th 1906

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 4 DAYS

Contributory (Primary) Marasmus (DURATION) 4 weeks DAYS

(Signed) B. L. Mitchell M.D.

Address University Hospital

Date October 6th 1906

Place of Burial Cedar Hill

Date Oct 8th 1906

Undertaker Jos. Shanteldt

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 94213

CERTIFICATE OF DEATH.

(Place of Death.) No. 1908 Carlton ave St. John Rosental

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name

{Residence, if in Baltimore, Give Street and Number.} 1908 Carlton ave

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 1885

AGE: 21 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Rosental

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rosental

(Address) 1908 Carlton ave

Filed Oct 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Oct 4 1906

that I last saw h— alive on Oct 4 1906

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. McCarthy M.D.

Address 16 S Bond

Date Oct 5 1906

Place of Burial Holy Redeemer

Date Oct 8 1906

Undertaker Wendell Dypert Co

Address 330 S Bond St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 9 Registered No. B 94214

CERTIFICATE OF DEATH.

(Place of Death.) No. 138 Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Sevelzky

{Residence, if in Baltimore, Give Street and Number.} ~~Same~~ 138 Curley St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 1 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Adam Sevelzky

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Sevelzky

(Address) 138 N. Curley St.

Filed Oct 7 1906 F X Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 7 1906 that I last saw him alive on Oct 7 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. C. Rusk M.D.

Address 1004 E. Balt. St

Date Oct. 7 1906

Place of Burial St. Stanislaus Cem.

Date Oct. 8th 1906

Undertaker Trudell Lippel & Sons

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94215

HEALTH DEPARTMENT, City of Baltimore.

94215

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Thompson

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): U

FULL NAME OF FATHER: U

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: Canvasser

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holloway

(Address)

Filed Oct 7 1906 BAY VIEW ASYLUM J. D. Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 6 1906 that I last saw h in alive on Oct 6 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Ephanstain

(DURATION) DAYS

(Signed) Walter D Steel M.D.

Address Bay View Hospl.

Date Oct. 6 1906

Place of Burial Sacred Heart Cem

Date Oct 7 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B94216

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mr. Harry Winter

{Residence, if in Baltimore, Give Street and Number.} 210 W. Franklin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	January 7 1853
AGE	53 years, 8 months, 28 days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widowed
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Henry Winter
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Agnes Robb.
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Henry A. Winter

Address 210 W. Franklin St.

Filed Oct 7th 1906 F K Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5th 1906

I HEREBY CERTIFY, That I attended deceased from October 3d 1906 to October 5th 1906

that I last saw him alive on October 5th 1906,

and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. F. Riggs M.D.

Address 1514 Division St

Date Oct. 6th 1906

Place of Burial St. Mary's Cemetery Ellicott City

Date Oct. 7th 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94217

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 94217

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1324 Homewood Ave St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Craig

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 12th 1815 (Month) (Day) (Year)

AGE 90 years, 9 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Bowen

(Address) 1324 Homewood Ave

Filed Oct 6 1906 J.K. Jackson Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Oct 5 1906 that I last saw her alive on Oct 5 1906, and that death occurred, on the date stated above, at 12 P.M. The CAUSE OF DEATH was as follows:

Apoplexy

8 (DURATION) DAYS

Contributory Coma & Exhaustion

3 (DURATION) DAYS

(Signed) J.H. Robinson M. D.

Oct 6 1906 (Address) 726 E. Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Cathedral Cem. | DATE OF BURIAL Oct. 8 1906

UNDERTAKER Evans & Spence | ADDRESS 118 Mon. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94218

Registered No. B.....

City of Baltimore, (No. 9, N. Hughes St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hilda Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Colored
DATE OF BIRTH: Nov. (Month) 15th (Day) 1905 (Year)	
AGE: ....years, 10 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: Jno Johnson	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Mamie Harlan	
BIRTHPLACE OF MOTHER (State or country): Cambridge	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie Johnson

(Address) 9 N. Hughes.

Filed Oct 7 1906 F X Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 4th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to October 4th 1906

that I last saw her alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Asthenia

3 Weeks (DURATION) DAYS

Contributory Marasmus

2 mos (DURATION) DAYS

(Signed) Emmit N. Bimm M. D.

Oct 5th 1906 (Address) 1310 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	10/7 1906
UNDERTAKER	ADDRESS
John H Toadvine	966 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 V

Registered No. B 94219 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Ford

{Residence, if in Baltimore, Give Street and Number.} 812 Leadenhall St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	71 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Whitewasher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Ford (wife)

(Address) 812 Leadenhall St

Filed Oct 7 1906 F X Gaukin Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Oct 3 1906

that I last saw h[illegible] alive on Oct 3 1906

and that death occurred, on the date stated above, at 7 P.M.

11. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) Immediate DAYS

Contributory (Primary.) Hemiplegia

(DURATION) 3 months DAYS

(Signed) C. H. Ford M.D.

Address 1715 S. Pine St

Date Oct 6th 1906

Place of Burial Mt. Auburn Cem.

Date Oct. 7 1906

Undertaker John H. Toadvine

Address 206 W. Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 94270

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1005 Bayard St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Thomas Moran

{Residence, if in Baltimore, Give Street and Number.} 1005 Bayard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Michael Moran

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Lawless

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Hackster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Moran

(Address) 1005 Bayard

Filed Oct 7 1906 T. X. Jackson, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 4 1906 that I last saw h.. alive on Oct 4 1906, and that death occurred, on the date stated above, at 5.00 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bright's disease

(DURATION) 2 DAYS

Contributory (Primary.) Convulsions

10 hours (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date October 5th 1906

Place of Burial St. Peters

Date Oct 7 1906

Undertaker John F. Bowman

Address 801 Bolling St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 W

Registered No. B 94229

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Moses Matuschefski.

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. 4 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Dec 15 1901

AGE 4 years, 10 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Davis matuschefski

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rese Kahn

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Davis Matuschefski

(Address) 1108 Towson

Filed Oct 7 1906 F. X. Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3d 1906 to Oct 6 1906 that I last saw h.im alive on Oct 6 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia (DURATION) 3 DAYS

Contributory (Primary.)

measles (DURATION) 10 DAYS

(Signed) H Kahn M.D.

Address 1106. Dart St.

Date Oct 6 1906

Place of Burial Philip Rd Rosedale

Date Oct 7 1906

Undertaker Max Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 94222

CERTIFICATE OF DEATH.

(Place of Death.) No. 937 N. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E. Saunders.

{Residence, if in Baltimore, Give Street and Number.} 937 N. Eutaw St.

Duration of Residence in Baltimore. 3 months.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Oct. 5, 1906.
AGE	56 years, 11 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Penna.
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	Penna.
OCCUPATION OF DECEASED	Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Johnson

(Address) 937 N. Eutaw St.

Filed Oct 6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1906 to Oct. 5th 1906 that I last saw h[illegible] alive on Oct. 3rd 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Arteria Sclerosis,
& chronic cardiac dilatation.
Several years (DURATION) — DAYS

Contributory (Primary.) Thrombosis of coronary artery (DURATION) — DAYS

(Signed) W. J. Carr, Jr. M.D.

Address 515 Mosher St.

Date Oct. 5th 1906

Place of Burial Harrisburg Pa

Date Oct 7 1906

Undertaker Geo. A. Holland

Address 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 94223

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 S Bond St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Antonia Zacek 94223

{ Residence, if in Baltimore, Give Street and Number. } 835 S Bond St

Duration of Residence in Baltimore. three years 1/2

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 16 1870

AGE 35 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER John Zacek

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Antonia Biodrowska

BIRTHPLACE OF MOTHER (State or country) Austria

OCCUPATION OF DECEASED House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zacek

(Address) 835 S Bond St

Filed Oct 7 1906 F X Jenkins Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1906 to Octob. 6th 1906 that I last saw h er alive on Oct. 6th 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of the Lungs

one day (DURATION) DAYS

Contributory (Primary.) Cantymliary tuberculosis

three months (DURATION) DAYS

(Signed) Fredk A Consadi M.D.

Address 2431 E. Balt. Sts

Date October 6th 1906

Place of Burial Holy Rosary

Date Oct 8 Mon 1906

Undertaker Jacob Frailkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94224 Registered No. B 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Johnson

{ Residence, if in Baltimore, Give Street and Number. } Sarum Point

Duration of Residence in Baltimore. Four days in Hospital

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Black

DATE OF BIRTH ..... 1 .....

AGE ..... 25 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Not Known

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Md. General Hospital

(Address) .....

Filed 10/7/ 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Oct. 6th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate

Stroke of Apoplexy

(DURATION) 4 DA

Contributory (Primary.) Accidental Burns

(DURATION) DAY

(Signed) Allan Baldwin M.D.

Address 700 Log av. (Govan)

Date Oct. 7th 1906

Place of Burial Mc.Kenney Dinwiddie Co. Va.

Date October 7 1906 190

Undertaker Armstrong Denny Co.

Address Cor. Light & Montgomery Sts.

HARRY C. ARMSTRONG PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color**, (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 — 94225 — Registered No. B 94225

CERTIFICATE OF DEATH.

(Place of Death.) No. 1377 Woodyear St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Gibson

{ Residence, if in Baltimore, Give Street and Number. } ~~1316~~ 1377 Woodyear St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH June 19th 06 1906

AGE ..... years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Gibson

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Lizzie White

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Gibson

(Address) 1377 Woodyear St

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6, 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw her alive on Oct. 6 1906,

and that death occurred, on the date stated above, at 8:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Child was brought to my Office in dying condition - only saw her once 10/6. 2:30 P.M.

Diarhoea & Enteritis (often and on during life) (DURATION) 2 DAYS

Contributory (Primary) Rickets due to improper feeding (DURATION) 3 mos DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date Oct. 7, 1906

Place of Burial Mt Zion Cemetery

Date Oct. 8th 1906

Undertaker Clarence E. Wright

Address 1364 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94226
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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94226

City of Baltimore, (No. 3226 Barclay St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Freda Lane

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City –

FULL NAME OF FATHER Walter Lane

BIRTHPLACE OF FATHER (State or country) Essequibo

MAIDEN NAME OF MOTHER Freda Hamel

BIRTHPLACE OF MOTHER (State or country) City –

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Lane

(Address) 515 20 Biddle St

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10th 190 to Oct 6 190 6

that I last saw h alive on Oct 5 190 6.

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Marasmus,

3 months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. J. Stuebner M. D.

Oct 6 1906 (Address) 811 Gaswell Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Bel Air Md

DATE OF BURIAL Oct 8th 1906

UNDERTAKER Lemmon & Wright

ADDRESS 1364 W Lanv Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 94227 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Kimball

{Residence, if in Baltimore, Give Street and Number.} 1007 Wilcox St

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Jan. 14th 1881

AGE 25 years, 8 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Lawrence Hannegan

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Helen Geiger

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mr. Kimball

(Address 1007 Wilcox St

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Oct 1906 that I last saw her alive on Oct 1906, and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

Leukemia

Sept 3rd to Oct 6 (DURATION) 33 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Timmons M.D.

Address St Josephs Hospital

Date Oct 1906

Place of Burial Holy Redeemer Cemetery

Date Oct. 9th 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94228 Registered No. B 94228

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 E Eager st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara G. Preisinger

{Residence, if in Baltimore, Give Street and Number.} 1229 E. Eager str.

Duration of Residence in Baltimore. Since birth.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH February 24th 1906

AGE ..... years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John P. Preisinger

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Annie M. Meyer

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Chier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. Preisinger

Address 1229 E. Eager st.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1906.

I HEREBY CERTIFY, That I attended deceased from Oct. 6th 1906 to Oct. 6th 1906.

that I last saw her alive on Oct. 6th 1906

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary) Congenital Debility

(DURATION) DAYS

(Signed) Paul A. Meyer M.D.

Address 1031 N. Caroline st.

Date October 7th 1906.

Place of Burial Holy Redeemer

Date Oct 8 1906

Undertaker Henry Hirsch

Address 1301 E Eager

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 22 — 94229 — Registered No. B 94229

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 S. Hare St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Annie Bell Kreiss

{Residence, if in Baltimore, Give Street and Number.} 906 S. Hare St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 18th 1905

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Adolph Kreiss

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Hasse

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolph Kreiss

(Address) 906 Hare St.

Filed 10/8 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 5th 1906 to Oct. 7th 1906

that I last saw h[illegible] alive on Oct. 6 1906,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.) Impetigo (DURATION) — DAYS

(Signed) M. J. McCarey M.D.

Address 839 S. Caton Ave

Date Oct. 7th 1906

Place of Burial Trinity Cem.

Date 10/8/06 1906

Undertaker J. Herring & Son

Address 200 S. Adams St

10 A.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94230 Registered No. B 94230

CERTIFICATE OF DEATH.

(Place of Death.) No. 1536 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Conrad Domm

{ Residence, if in Baltimore, Give Street and Number. } 1536 Mc Elderry st

Duration of Residence in Baltimore, Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH april 26 1896

AGE 10 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Domm

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Sarah Brown

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Domm

(Address) 1536 Mc Elderry st

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1905 to Oct 5 1906

that I last saw him alive on Oct 5 1906,

and that death occurred, on the date stated above, at 4.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

about one year (DURATION) DAYS

Contributory (Primary.) Exhaustion

one week (DURATION) DAYS

(Signed) Adolph G. Eisenberg M.D.

Address 2213 Orleans st

Date Oct 6 1906

Place of Burial Oak Lawn

Date October 8 1906

Undertaker Henry Lautz

Address 1007 W. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 94231 — Registered No. B 94231

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Hallowell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Bolger

{Residence, if in Baltimore, Give Street and Number.} 1302 Hallowell

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH ....1....

AGE 3 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Bolger

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bolger

(Address) 1302 Hallowell St

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 — 1906

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190...., and that death occurred, on the date stated above, at 1.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Camillus M.D.

Address Coroners Office

Date Oct 6 — 06 1906

Place of Burial Baltimore Cem

Date Oct 5 1906

Undertaker William Cook

Address 502 E Hath Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

94232

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94232

City of Baltimore, (No. 818 W. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sabrina M Graham

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov (Month) 1 (Day) Year)

AGE: 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Wardell

(Address) 818 W Mulberry St

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 7 1906

that I last saw h-er alive on Oct 7 1906

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 7 DAYS

Contributory Exposure (DURATION) DAYS

(Signed) J M Corning M. D.

10/8 1906 (Address) 834 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Bonds Cemetery | DATE OF BURIAL: Oct 9 1906

UNDERTAKER: Wm Cook | ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 6 — 94283 — Registered No. B 4

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home & Infirmary St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary J. Collins

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 72 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Miss.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Church Home & Inf.

(Address) Bway & Fairmount Ave

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct- 7 - 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Oct- 7 1906 that I last saw her alive on Oct- 6 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of Rectum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. C. Weis M.D.

Address The Church Home, Infirmary

Date Oct- 7- 1906

Place of Burial Leon Hill Westminster Md

Date Oct- 9 1906

Undertaker William Cook

Address 50 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

(HARRY O. ANDRESEN, PERMIT CLERK.)

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 94234 Registered No. B 94234

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 165 N. Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Kram.

{Residence, if in Baltimore, Give Street and Number.} 165 N. Grove st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 1 1905

AGE ..... years, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Kram

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Margaret Diller

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Kram

(Address) 165 N. Grove st.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Oct 6 1906 that I last saw her alive on 11/1 1906, and that death occurred, on the date stated above, at 6 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Linden Ave

Date Oct 6 1906

Place of Burial Holy Redeemer

Date Oct 8 1906

Undertaker Jos. J. Herr

Address 1914 E. Fayette

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 94235 Registered No. B 94235

CERTIFICATE OF DEATH.

(Place of Death.) No. 924 W Hurham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bohumil Kocka

{ Residence, if in Baltimore, Give Street and Number. } 924 W Hurham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Kocka

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kocka

(Address) 924 W Hurham st.

Filed 10/8 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from 2 October 1906 to October 6 1906

that I last saw h[illegible] alive on Oct 6 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malformation of heart and non oxygenation of blood

(DURATION) 6 DAYS

Contributory (Primary.) as above

(DURATION) 6 DAYS

(Signed) Thomas J Emmas M.D.

Address 1025 N Wolf st

Date October 6th 1906

Place of Burial St Alphonsus

Date Oct 8 1906

Undertaker Frank Enach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

94236 Registered No. B 94236

CERTIFICATE OF DEATH.

(Place of Death.) No. 903 N Bond st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lippa

{Residence, if in Baltimore, Give Street and Number.} 903 N Bond st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER John Lippa

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joe Lippa

(Address) 903 N Bond st

Filed 10/8 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 7 1906

that I last saw h am alive on Oct 6 1906,

and that death occurred, on the date stated above, at 10.30 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 5 days.

Contributory (Primary.)

(DURATION) DAYS

(Signed) G W Mitchell M.D.

Address 913 N. Broadway

Date Oct 8 1906

Place of Burial Loudon Park Cemetery

Date Oct 9 1906

Undertaker Frank Finch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 94237 Registered No. B 94237

CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 Stocton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Price

{Residence, if in Baltimore, Give Street and Number.} 1319 Stocton st

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colrd

DATE OF BIRTH: Jan 1 1856

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Price

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie B. Price

(Address) 1319 Stockton st

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Octo 6th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baltzman M.D.

Address 700 Log. ave. Towson

Date Octo. 6th 1906

Place of Burial Mt Hope

Date Oct 8 1906

Undertaker R L Parham

Address 1218 Penna.

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last illness, or in case the case comes under his notice, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his notice, or in case no Coroner, when the case comes under his notice, or in case no Coroner superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94238 — Registered No. B 94238

CERTIFICATE OF DEATH.

(Place of Death.) No. 2050 Bank St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mr. Joseph Keely

{Residence, if in Baltimore, Give Street and Number.} 2050 Bank St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 5th 1906

AGE: ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Michael Keely

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Margaret Maag

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno J. Keely

(Address) 2050 Bank St

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1906 to Oct. 6, 1906 that I last saw h[illegible] alive on Oct. 6, 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate) Marasmus

..... (DURATION) 1 DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) Wm. J. Scott M.D.,

Address 711 E. Baltimore

Date Baltimore, Oct 7, 1906

Place of Burial St. Patricks Cem

Date Oct 8th 1906

Undertaker Jno. J. Dugan

Address Bank & Ams St

WM. J. C. DULANY CO., Baltimore

[illegible] OF ANDREWS
PERMIT CLERK

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [redacted] 94239 Registered No. B [redacted] 112

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Murphy

{Residence, if in Baltimore, Give Street and Number.} 2114 E. Lombard St

Duration of Residence in Baltimore. Life

B 94239

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 1853

AGE: 53 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: May Nicholson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mrs. Thos Murphy

(Address 1167 N. Monroe St

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 11 1906 to Oct 6 1906 that I last saw h— alive on Oct 6 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) DAYS

Contributory (Primary) Pleurisy with Effusion Cirrhosis of Liver (DURATION) DAYS

(Signed) Geo. St. P. Finney M.D.

Address St. Joseph's Hospital

Date Oct. 6 1906

Place of Burial Holy Rood

Date Oct 8 1906

Undertaker Robt T. Turner

Address 1442 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 2nd

94240

Registered No. B 94240

56

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 E. Pratt St., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Wicklein

{ Residence, if in Baltimore, Give Street and Number. } 1802 E. Pratt St.

Duration of Residence in Baltimore. about 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec. 24th 1867

AGE: 38 years, 9 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Wicklein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Maria Behrhalder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carolenstenson (sister)

(Address) 1914 Bank St

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1906 to Oct. 7 1906 that I last saw him alive on Oct. 7 1906, and that death occurred, on the date stated above, at 4-40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Delirium Tremens

Exhaustion (DURATION) ½ DAY

Contributory (Primary.) Delirium Tremens (DURATION) 2 DAYS

(Signed) Robert H. Darrah per Pierre G. Dausch M.D.

Address 121 Jackson Square

Date Oct. 8 1906

Place of Burial Holy Redeemer Cem.

Date Oct. 10 1906

Undertaker Germania Trust

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 94:241 Registered No. B 94:241

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 W Patterson Pk Ave, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Anna H. Rix

{Residence, if in Baltimore, Give Street and Number.} 504 W Pat. Pk Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec. 13 1905

AGE ~~years~~, 9 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Louis J Rix

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Louisa E. Sadler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis J Rix

(Address) 504 W Pat. Pk Ave.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6th 1906

I HEREBY CERTIFY, That I attended deceased from ~~30th~~ August 1906 to Oct 5 1906

that I last saw her alive on " " 1906.

and that death occurred, on the date stated above, at 4

a M. CAUSE OF DEATH (Secondary or Immediate)

Enter. Colitis.

(DURATION) 15 DAYS

Contributory (Primary.) Indigestion

(DURATION) 35 DAYS

(Signed) J. H. Hollenberg M.D.

Address 1810 E Baltimore St.

Date Oct. 6 1906

Place of Burial Sacred Heart Cemetery

Date Monday Oct 8th 1906

Undertaker Germanus Franz

Address Pauly & Wolfsheimer

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94242

City of Baltimore, (No. 7 S. Broadway St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John T King

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John T King

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Ellen Dunphy

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Dunphy Jr

(Address) 413 Linden Ave

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7th 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 15th 1906 to October 7th 1906

that I last saw him alive on Oct 6th 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Obstruction Pulmonalis

(DURATION) 24 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. H. Biester M. D.

Oct 7th 1906 (Address) 17 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore CEMETERY.

DATE OF BURIAL OCT 1[illegible] 1906

UNDERTAKER H E HUGHES. H. E. Hughes

ADDRESS 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 94243 — Registered No. B 94243

CERTIFICATE OF DEATH.

(Place of Death.) No. 633 Mosher St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie E Smyser

{Residence, if in Baltimore, Give Street and Number.} 633 Mosher St.

Duration of Residence in Baltimore. 34 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov. 17th 1869
AGE	36 years, 10 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Penna
FULL NAME OF FATHER	Thomas H. Smyser
BIRTHPLACE OF FATHER (State or country)	Penna.
MAIDEN NAME OF MOTHER	Mary A. Folckemmer
BIRTHPLACE OF MOTHER (State or country)	Penna.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas H. Smyser

(Address) 633 Mosher St.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 7 1906 that I last saw h[er] alive on Oct 6 1906, and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthaenia

(DURATION) 10 DAYS

Contributory (Primary) Organic Heart

Susie Mitral Insufficiency (DURATION) 1 yr

(Signed) Susie Ebaugh M.D.

Address 1701 Pine

Date Oct 7 1906

Place of Burial Shrewsbury Pa.

Date Oct. 9th 1906

Undertaker E.M. Mitchell

Address 1201 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

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Filed 10/

94244

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94244

City of Baltimore, (No. 1276, Riverside Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard N. Marsh.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 7 (Month) (Day) 87. (Year)

AGE: 18 years, 11 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Walter N. Marsh.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary E Walker.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Wallerius M.D.

(Address) 603 S. Stricker St.

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 6 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to Oct 6 1906 that I last saw h[illegible] alive on " " 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

Typhoid Fever (DURATION) DAYS

Contributory or Complicated (DURATION) DAYS

(Signed) C. Wallerius M. D.

Oct 6 1906 (Address) 603 S. Stricker St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Oct. 9 1906
UNDERTAKER	ADDRESS
Armstrong Denny Co.	715 Light St.

WM. J. C. DULANY CO., BALTIMORE

P.S. Dr Hammerbacher living across for few days & in his place for last few days & filled out Certificate D.C.W.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

94245

Registered No. B 94245

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 W Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo F. Seyfer

{Residence, if in Baltimore, Give Street and Number.} 127 W Conway St.

Duration of Residence in Baltimore. 59 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: August 2 1845 1

AGE: 61 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George F. Seyfer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva R. Kussmaul

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Silversmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Margaret A. Seyfer

(Address) 127 W. Conway St.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Oct 5 1906 that I last saw h alive on Oct 5 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 10 DAYS

Contributory (Primary) Perforation of bowel 2 hrs (DURATION) DAYS

(Signed) E. E. Ellis M.D.

Address 915 Light st

Date Oct 8 1906

Place of Burial Loudon Park Cemetery

Date October 8 1906 190

Undertaker Armstrong Denny Co.

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94246 Registered No. B 94246

167

CERTIFICATE OF DEATH.

(Place of Death.) No. 404. N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Armenia Thomas

{ Residence, if in Baltimore, Give Street and Number. } 404. N. Bruce

Duration of Residence in Baltimore. 2 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Thomas

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Sarah Jenkins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. Valentine

(Address) 401 N. Bruce st

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 7th 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 12.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally burned to death, Supposition was her clothes caught fire from matches (DURATION) DAYS

Contributory (Primary.) whole body burned almost to Crisp (DURATION) DAYS

(Signed) C. Frank Jones M.D.
Coroner 5th

Address

Date Oct. 7th 1906

Place of Burial Mount Auburn Cemetery

Date Oct 9th 1906

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 11 94247 Registered No. B 94247

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 337 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Smith

{Residence, if in Baltimore, Give Street and Number.} 337 W. Preston St.

Duration of Residence in Baltimore. 19 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph Smith.

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maria Chase.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Parlor Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Maria Smith

(Address) 337 W. Preston St.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Oct 5 1906

that I last saw her alive on Oct 5 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

General asthenia

(DURATION) DAYS

Contributory (Primary.) Acute Tuberculosis

(DURATION) 65 DAYS

(Signed) M. A. Weinberg M.D.

Address 18 Pearl St

Date Oct 5 1906

Place of Burial Laurel Cemetery

Date October 8th 1906

Undertaker Felix B. Pye.

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 94248

94248

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Barry

{Residence, if in Baltimore, Give Street and Number.} 703 Forrest St

Duration of Residence in Baltimore. 26 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 24th 1873
AGE	33 years, 2 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Wm Barry
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Barrett
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Boiler maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Barry

(Address) 205 Forrest St

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3 1906 to Oct. 6 1906

that I last saw him alive on Oct 6 1906,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary T.B.

(DURATION) DAYS

Contributory (Primary.) Poor abscess

(DURATION) DAYS

(Signed) J. C. Irwin M.D.

Address St Joseph's Hospital

Date Oct. 7th 1906

Place of Burial Holy Cross

Date Oct 9th 1906

Undertaker D. F. Phelbin

Address 1711 McCulloh

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 94:249 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 554 Wilson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Henry & Cary Richardson

{Residence, if in Baltimore, Give Street and Number.} 554 Wilson St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR col

DATE OF BIRTH Oct 5th 1906

AGE ..... years, ... months, 1 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Richardson

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Carrie James

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J A Burke

(Address) 1107 N Eutaw St

Filed 10/8 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from — 190— to — 190—

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Premature Delivery

about six months

development

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) T. S. Hawkins M.D.

Address 1202 D. Hill Ave

Date October 7 1906

Place of Burial [redacted] Cemetery

Date Oct 8 1906

Undertaker J. A. Burke

Address 1107 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 94:250 Registered No. B 94250

130

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Burton P. Snyder.

{Residence, if in Baltimore, Give Street and Number.} 322 Hanover St.

Duration of Residence in Baltimore. Twenty four years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal. COLOR: White

DATE OF BIRTH: Aug 12th 1882

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Louis Snyder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Kreff

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saleslady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Snyder.

(Address) 322 Hanover St

Filed 10/8 1906

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct. 6 1906.

that I last saw h.. alive on Oct 6 1906,

and that death occurred, on the date stated above, at 4 A M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis.

Appendicitis

(DURATION) 3 DAYS

Contributory (Primary.) Pelvic Abscess

(DURATION) — DAYS

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Oct 6. 1906

Place of Burial Loraine Cemetery

Date Oct 9th 1906

Undertaker Louis Smith & Teufel

Address 121 & 123 Fayette & Fremont Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 20

Registered No. B 94251

94251

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Minnie B. Hartley

{Residence, if in Baltimore, Give Street and Number.} 2018 Wilkens Ave.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 2nd 1876

AGE 30 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) W Va

FULL NAME OF FATHER H. H. Schlenkman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mrs Chambers

BIRTHPLACE OF MOTHER (State or country) W Va

OCCUPATION OF DECEASED Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Bachman

(Address) 2024 Wilkens Ave

Filed 10/8 1906

BARRY O. ANDERSON PERUIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to Oct 7th 1906

that I last saw h[illegible] alive on " 7th 1906,

and that death occurred, on the date stated above, at 5 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage & Shock

——— (DURATION) — DAYS

Contributory (Primary) Prolonged Labor (DURATION) 1 DAYS

(Signed) Walter A Cox M.D.
and Augustus J Mahoney

Address 125 N Fulton Ave

Date Oct 7th 1906

Place of Burial Loudon Park Cem.

Date Oct. 9th 1906

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94:252

Ward 20

Registered No. B 94:252

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 Wilkens Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mrs Minnie Ba Jas Wm Hartley

{ Residence, if in Baltimore, Give Street and Number. } 2018 Wilkens Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Oct 7th 1906

AGE 1 hr — years — months — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) 2018 Wilkens Ave

FULL NAME OF FATHER Jno W Hartley

BIRTHPLACE OF FATHER (State or country) W Va

MAIDEN NAME OF MOTHER Minnie V. Schlabman

BIRTHPLACE OF MOTHER (State or country) W Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary B Boardman

(Address 2024 Wilkens Ave

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1906 to Oct 7th 1906

that I last saw h~~im~~ alive on " " 1906,

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility —

(DURATION) — DAYS

Contributory (Primary) Atrophy & Colon

(DURATION) — DAYS

(Signed) Walter A Cox M.D.
Eugene L. Monteleone M.D.

Address 1254 Fulton Ave

Date Oct 7th 1906

Place of Burial London Park Cem

Date Oct 9th 1906

Undertaker Robt Brooks & Son

Address Calhoun & Hollins Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 94253 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Hanover alley — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. J. Rider (Wm S Rider)

{Residence, if in Baltimore, Give Street and Number.} 430 Hanover alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: June 19th 1904

AGE: — years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Rider

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amelia Dennis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amelia Dennis

(Address) 903 N. Howard St.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 4 mos DAYS

Contributory (Primary.) Inanition

(DURATION) DAYS

(Signed) Rican Bacotin M.D.

Address Two Lof. av. (Cityview)

Date Oct. 5th 1906

COLLEGE OF P. & S.

Place of Burial

OCT 5 - 1906

Date 190

HARRY O. ANDREWS

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Without Incan —

Ward V

94254

Registered No. B 94254

CERTIFICATE OF DEATH.

(Place of Death.) No. Spedding Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Smitish

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Sept 20 = 1906	
AGE 30 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 23 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Ascendent Dermy

(DURATION) DAYS

Contributory (Primary.)

DURATION DAYS

(Signed) Thomas Lydlow Gov M.D.

Address 320 E Lexington

Date 190 6

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 6 - 1906 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94255 Registered No. B 94255

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Cordelia Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH ..... 1 .....

AGE 92 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Lamar Hollyday, Supt.

(Address BAY VIEW ASYLUM

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct. 5 1906 that I last saw h-er alive on Oct 5 1906, and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffuse Nephritis, Senility.

..... (DURATION) ..... DAYS

Con'ributory (Primary Arterio sclerosis

..... (DURATION) ..... DAYS

(Signed) Walter D. Nye M.D.

Address Bay View Hospital

Date Oct. 5 1906

Place of Burial .....

Date Oct 6 1906

Undertaker William H. Woodson

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

2.50

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94256 Registered No. B 94256

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Sweeney

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 6 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct. 6 1906 that I last saw h im alive on Oct 6 1906, and that death occurred, on the date stated above, at 8 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffused Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary) Arteriosclerosis

..... (DURATION) ..... DAYS

(Signed) Walter D Steel M.D.

Address Bay View Asylum

Date Oct 6 1906

Place of Burial .....

Date Oct 6 1906

Undertaker William L Woodress

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 5 94257 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give Its Name instead of Street and Number)

Full Name Robert Ford B 94257

{Residence, if in Baltimore, Give Street and Number.} 107 Rogers Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Tennessee

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest P Fleuger

(Address) St. Joseph's Hosp.

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Oct 6 1906 that I last saw h.. alive on Oct 6 1906 and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate

Rupture of Aortic Aneurysm into Left Pleura.

(DURATION) DAYS

Contributory (Primary.) Aneurysm of arch of Aorta (DURATION) DAYS

(Signed) Ernest P Fleuger M.D.

Address St. Joseph's Hospital

Date Oct. 6 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 8 - 1906 1906

HARRY O'T ANDREWS, CORONER'S PHYSICIAN, PERMIT CLERK.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

25-1

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94258 94258

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1624 W. Saratoga Sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Horney

{ Residence, if in Baltimore, Give Street and Number. } 1624 W. Saratoga Sts

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 8 1875

AGE 31 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER James E Horney

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Frances J Wirts

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E Horney

(Address) 1624 W Saratoga Sts

Filed 10/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Oct 5 1906

that I last saw him alive on Oct 3 1906,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 3 yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J H Grahams M.D.

Address 1303 Light St

Date Oct 5 1906

Place of Burial London Park

Date Mon Oct 8 1906

Undertaker Wm J Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

Proschauer 1303 Light St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94259

Registered No. B.....

City of Baltimore, (No. 1400 W Lauralr St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida M. Dyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: January (Month) 17 (Day) 1851 (Year)	
AGE: 55 years, 8 months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Caleb Warfield	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Mary Williams	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: ✓	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob L Dyer

(Address) 1400 W Lauralr

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 7/2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 7 1906 that I last saw h.. alive on Oct 7 1906, and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Chronic Arterio-sclerosis, Intestinal obstruction

Indigestion (DURATION) DAYS

Contributory Pneumonia

Congestion (DURATION) 1 DAYS

(Signed) D. L. Dorsey M. D.

190 (Address) 900 N Paca

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet Cem	Oct 9 1906
UNDERTAKER	ADDRESS
Wm J Pentwood Jr	Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94260

Registered No. B .....

City of Baltimore, (No. 2111, E. Pratt St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Daughter of Ernest & Edna Bachman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct (Month) 7 (Day) 1906 (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Ernest Bachmann

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Edna Struven

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: ~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest Bachmann

(Address) 2111 E. Pratt St.

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 8 1906 that I last saw her alive on Oct 8 1906, and that death occurred, on the date stated above, at 4 a M. The CAUSE OF DEATH was as follows:

Congenital Cardiac Disease (DURATION) ..... DAYS

Contributory Asthenia (DURATION) ..... DAYS

(Signed) G. C. Thieme M. D.

Oct 8 1906 (Address) 1135 Highland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Oct 8 1906

UNDERTAKER: H. Sander Sons — ADDRESS: 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

(opposite Wilkins Ave) Registered No. B 94261

City of Baltimore, (No. 2464, Frederick Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude Moran

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) Year)

AGE: 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Moran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Litchfield

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Oct. 6, 1906

that I last saw her alive on Oct. 6 1906,

and that death occurred, on the date stated above, at 12 m

The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) 30 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

Oct. 6, 1906 (Address) 2136 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Oct 9 1906

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 94262 Registered No. B 94262

CERTIFICATE OF DEATH.

(Place of Death.) No. 649 George Street

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James A. H. Hampton

{ Residence, if in Baltimore, Give Street and Number. } 649 George St.

Duration of Residence in Baltimore. 8 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown	
AGE: 42 ? years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singe	
BIRTHPLACE (State or country): South Carolina	
FULL NAME OF FATHER: ?	
BIRTHPLACE OF FATHER (State or country): ?	
MAIDEN NAME OF MOTHER: ?	
BIRTHPLACE OF MOTHER (State or country): ?	
OCCUPATION OF DECEASED: Minister	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. B. J. Bolding

(Address) 1124 Penna Ave

Filed 10/8 1906

HARRY C. ANDREWS, REGISTRAR.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1906 to Oct 4 1906 that I last saw him alive on Oct 4th 1906, and that death occurred, on the date stated above, at 9.30 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

— (DURATION) — DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) — DAYS

(Signed) S. B. Hughes M.D.

Address 705 George St

Date Oct 5th 1906

Place of Burial Mt Zion

Date October 8 1906

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 94263

CERTIFICATE OF DEATH.

(Place of Death.) No. 1814 Riggs ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Iva Mildred Stupp

{Residence, if in Baltimore, Give Street and Number.} 1814 Riggs ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: white
DATE OF BIRTH: Feb 12th 1906	
AGE: — years, 7 months, 25 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Walter Stupfer Stupp	
BIRTHPLACE OF FATHER (State or country): City	
MAIDEN NAME OF MOTHER: Catherine Iva Kirby	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: none	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Stupfer Stupp

(Address) 1814 Riggs ave

Filed 10/8 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Oct. 6th 1906

that I last saw h— alive on Oct 6 1906

and that death occurred, on the date stated above, at 12.25 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Clarke Gibb M.D.

Address 1111 W. Lanvale St

Date Oct 7th 1906

Place of Burial Loudon Park

Date Oct 9th 1906

Undertaker Geo. Weber

Address 1515 W. Carey st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 Orchard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie Plates

{Residence, if in Baltimore, Give Street and Number.} 537 Orchard St.

Duration of Residence in Baltimore. 2 yrs 9 mo B 9426

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 2 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Plates

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Lottie F. Gross

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED ——————

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs. Lottie F. Gross.

(Address) 537 Orchard St.

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 7 1906

that I last saw her alive on Oct 7 1906

and that death occurred, on the date stated above, at 5:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

2 weeks. (DURATION) = DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) C. O. Langley, M.D.

Address Md. Gen. Hospital

Date Oct 8, 1906

Place of Burial Laurel Cemetery

Date October 9th 1906

Undertaker Felix Bpye.

Address 1226 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward K

Registered No. B 94265

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clemmet Kesselring

{ Residence, if in Baltimore, Give Street and Number. } Wolfsville, Md.

Duration of Residence in Baltimore.

B 94265

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) University Hospital

(Address) N Lanvale St

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 5th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 20 1906 to Oct. 5 1906 that I last saw him alive on Oct. 5, 1906, and that death occurred, on the date stated above, at 9:50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Secondary Cachexia

(DURATION) 17 DAYS

Contributory (Primary.) Sarcoma with multiple metastases (DURATION) — DAYS

(Signed) P. B. Hayes M.D.

Address University Hospital

Date Oct. 8, 1906

Place of Burial Smithsburg Washington Co Md

Date Oct 9 1906

Undertaker R Block

Address 1003 Aisquith St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94266

City of Baltimore, (No. 413, N. Poppleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robt. W. Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan (Month) 31 (Day) 1882 (Year)

AGE 24 years, 8 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Holmes Cooper

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Anna R. Boblitz

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Piano Tuner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anna Cooper

(Address) 413 N. Poppleton St

Filed 10/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 8, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ~~190~~ to ~~190~~

that I last saw h~~im~~ alive on ~~190~~,

and that death occurred, on the date stated above, at ~~2.30~~ A. M. The CAUSE OF DEATH was as follows:

Heart disease

(DURATION) ~~DAYS~~

Contributory

(DURATION) ~~DAYS~~

(Signed) E. A. Dickey M. D.
Dispensary Physician Franklin Square Hospital
1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ~~How long at Place of Death?~~ ~~Days~~

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Oct 10 1906
UNDERTAKER	**ADDRESS**
Jos B Cook	1003 Madison

WM. J. C. DULANY CO., BALTIMORE.

Deceased was attended by undergraduate from Franklin Square Hospital Dispensary
E. A. Dickey M.D.
Dispensary Physician

O K E.A.D.

Ward 10 — 94267 — Registered No. B 94267

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John V. Snoops

{Residence, if in Baltimore, Give Street and Number.} 1122 Hollins st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 24 1860

AGE 46 years, 7 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Charles J. Snoops

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Catherine Klein

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Produce Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles J Snoops

(Address) 1122 Hollins St

Filed 10/8 1906

HARRY O'T ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 6 1906

that I last saw h~~im~~ alive on Oct 6 1906

and that death occurred, on the date stated above, at 7

M. CAUSE OF DEATH (~~Secondary~~ or Immediate) Pulmonary Tuberculosis I think the case was treated at some dispensary as I have not seen him professionally for several years until Today

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John G Sound M.D.

Address 1309 Lombard st

Date Oct. 6 1906

Place of Burial London Park

Date Oct 9 1906

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 94268 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius Churchill Ballard

{ Residence, if in Baltimore, Give Street and Number. } 619 Campbell St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 10 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Emory Ballard

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Adline Hunsley

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory Ballard

(Address) 619 Campbell

Filed 10/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Oct 8 1906

that I last saw him alive on Oct 8 1906

and that death occurred, on the date stated above, at 4.50 P. M. CAUSE OF DEATH (Secondary, or Immediate)

Acute Pneumonitis

~~Tubercular disease of the heart~~

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date Oct 8 1906

Place of Burial Mt Auburn

Date Oct. 10 1906

Undertaker Frost-Todd-Woodruff

Address 900 Westfield

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94269 Registered No. B 94269

CERTIFICATE OF DEATH.

(Place of Death.) No. 2213 Hargrove alley St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Ruth Thomas

{ Residence, if in Baltimore, Give Street and Number. } 2213 Hargrove alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: Oct 7th 1906

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Baby

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Thomas

BIRTHPLACE OF FATHER (State or country): Centreville Md

MAIDEN NAME OF MOTHER: Lizzie Matthews

BIRTHPLACE OF MOTHER (State or country): Centreville Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Thomas

(Address) 2213 Hargrove alley

Filed 10/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 6 1906

that I last saw h[illegible] alive on Oct 6 1906

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.) Spinal

..... (DURATION) ..... DAYS

(Signed) J. C. Morton M.D.

Address 684 N. Gilmor

Date Oct 7th 1906

Place of Burial Woodberry Cemetery

Date Oct 8 1906

Undertaker E Bryan

Address 2146 McElderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 94270 — Registered No. B 94270 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson pk St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beilie Garber

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore, 10 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 1902

AGE 4 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Morris Garber

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gitte Friedman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gitte Friedman

(Address) 1108 Towson St.

Filed Oct 9th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct. 8 1906

that I last saw her alive on Oct. 8 1906,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia (DURATION) 5 DAYS

Contributory (Primary.)

measles (DURATION) 10 DAYS

(Signed) Stahl M.D.

Address 1510 E. Fort Av.

Date Oct 8 1906

Place of Burial Philip Rd Woodlawn

Date Oct 9, 1906

Undertaker Max Levinson

Address 1138 Low st

BARRY O. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94271 Registered No. B 94271

117

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Pritchett

{ Residence, if in Baltimore, Give Street and Number. } 561 Orchard Street

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): S. Carolina

FULL NAME OF FATHER: Charles Harris

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Harriet Harris

BIRTHPLACE OF MOTHER (State or country): N C

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Hawkins

(Address) 726 S. George St

Filed 10/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Oct 5 1906

that I last saw her alive on Oct 5 1906,

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pancreatic apoplexy.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Rufus I. Cole. M.D.

Address Johns Hopkins Hospital

Date Oct 6 1906

Place of Burial Mt. Auburn

Date October 9 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 94272 Registered No. B 94272

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Eastern av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Hall

{Residence, if in Baltimore, Give Street and Number.} (1604) 1604 Eastern av

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: — 1

AGE: 28 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknow

MAIDEN NAME OF MOTHER: unknow

BIRTHPLACE OF MOTHER (State or country): unknow

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Hall

(Address) 1604 Eastern Ave

Filed 10/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 1906

that I last saw h — alive on — 190 6,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Malaria

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Snyder Coroner M.D.

Address 3214 E Baltimore St

Date Oct 7 1906

Place of Burial Auburn Cemetery

Date Oct 9. 1906

Undertaker R A Mallott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94273 Registered No. B 94273

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 205 Bath St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name John Brown

{ Residence, if in Baltimore, Give Street and Number. } 205 Bath St

Duration of Residence in Baltimore. Thirty-years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH 1825

AGE 41 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Caroline Co. Md.

FULL NAME OF FATHER Henry Brown

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Jane Keys

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Brown

(Address) 205 Bath St.

Filed 10/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Oct 7th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1906 to Oct 7th 1906

that I last saw h.im alive on Oct 7th 1906,

and that death occurred, on the date stated above, at 10.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Duration Days

Contributory (Primary.) Val Dis of Heart (DURATION) abt 2 Months

(Signed) Chas Clark. M.D.

Address 607 N. Charles St

Date Oct 8th 1906

Place of Burial Laurel Cemetery

Date Oct 10. 1906

Undertaker R. A. Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94274

City of Baltimore, (No. 1538 Burrough St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Hanley

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH November (2) 1[illegible]
(Month) (Day) (Year)

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hanley

(Address) 1530 Burrough St

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 16 Sept 1906 to 7th Oct 1906 that I last saw h[illegible] alive on Oct 7 1906, and that death occurred, on the date stated above, at 12 [illegible] M. The CAUSE OF DEATH was as follows:

Congestion of Lungs

(DURATION) 25 DAYS

Contributory Exhaustion

(DURATION) 21 DAYS

(Signed) James Cooper M. D.

6 Oct 1906 (Address) 1322 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Cross R C Co

DATE OF BURIAL Oct 10th 1906

UNDERTAKER Jos. Stanfield

ADDRESS 1318 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 94275 Registered No. B 94275 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 Roland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T. Freeland

{Residence, if in Baltimore, Give Street and Number.} 333 Roland Ave.

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 22 1858

AGE: 48 years, 8 months, 15 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balt. Co. Md.

FULL NAME OF FATHER: John W. Freeland

BIRTHPLACE OF FATHER (State or country): Balt. Co. Md.

MAIDEN NAME OF MOTHER: Harriet McCommons

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Milkman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. E. Freeland

(Address) 313 Roland Ave

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1906 to Oct 7th 1906

that I last saw h im alive on Oct 7th 1906,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral meningitis

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Oct 8th 1906

Place of Burial St. Mary's Hampden

Date October 9- 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 94276 — Registered No. B 94276

CERTIFICATE OF DEATH.

(Place of Death.) No. 541 N. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Straughn.

{Residence, if in Baltimore, Give Street and Number.} 541 N. Carey St.

Duration of Residence in Baltimore. 8 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb. 6 1829

AGE: 77 years, 7 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Straughn

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: — Tyette

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Brindley

(Address) 541 N. Carey St.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to Aug 6 1906

that I last saw him alive on Aug 6 1906,

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's disease.

3 years (DURATION) DAYS

Contributory (Primary) Mitral regurgitation.

2 years. (DURATION) — DAYS

(Signed) Edwin Murray. M.D.

Address 1221 W. Lafayette Ave.

Date Oct 9 1906

Place of Burial Western Cem

Date Oct 10 1906

Undertaker Wm Cook

Address 502 E Hoffman

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94277

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94277

City of Baltimore, (No. 810, Harlem Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine Hagan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Lucas

(Address) 810 Harlem Ave

Filed 10/9 1906 BARRY C. ANDREWS, PERRY GREEN, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Oct 1906 that I last saw h[illegible] alive on Oct 7th 1906, and that death occurred, on the date stated above, at 12 30 P.M. The CAUSE OF DEATH was as follows:

Gangrene in right foot

(DURATION) 12 DAYS

Contributory Arteriosclerosis

(DURATION) Many DAYS

(Signed) W. Fahnemann M.D.

8.8 1906 (Address) SW 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Oct 10 1906

UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94278

Registered No. B.....

City of Baltimore, (No. 241 Chestnut St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mamie L Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Black

DATE OF BIRTH Oct 8 1906
(Month) (Day) (Year)

AGE — years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Luther Scott

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Victoria L Hollis

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luther Scott

(Address) 241 E Chestnut St.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 7 1906

that I last saw her alive on Oct 7 1906,

and that death occurred, on the date stated above, at 6.30 A.M. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 3 DAYS

Contributory Convulsions

(DURATION) 1 Hours

(Signed) L O Wiedenhoft M. D.

Oct 8 1906 (Address) 116 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Asbury

DATE OF BURIAL Oct 10 1906

UNDERTAKER Wm J G Jackson

ADDRESS 1421 Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94279

Registered No. B.....

City of Baltimore, (No. 2114 Callow Ave St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minna Lazarus

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: About 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Abraham Lasak

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) P. Blumstein

(Address) 2114 Callow Ave

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on 190 30

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Organic Heart Disease

from history Aortic Regurgitation

Sudden death DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Hellen Lautenmann M. D.

Feb 8 1906 (Address) 1111 N. Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Died in Automobile on Lake Drive

Former or Usual Residence Dundalk Pa. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	Oct 10 1906
UNDERTAKER	ADDRESS
Dan't Sonnheim	923 Madison Ave

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 94280 — Registered No. B 94280

108

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Bailey

{Residence, if in Baltimore, Give Street and Number.} 122 S. Caroline St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B.

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Felix Bailey

BIRTHPLACE OF FATHER (State or country): Kent Island Md

MAIDEN NAME OF MOTHER: Camilla Darby

BIRTHPLACE OF MOTHER (State or country): Dorchester Co Md

OCCUPATION OF DECEASED: Later

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Bailey

(Address) 122 S Caroline St

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5- 1906 to Oct 6- 1906

that I last saw him alive on Oct 6 1906,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Hernia

(DURATION) DAYS

Contributory (Primary) Congenital Inguinal Hernia (DURATION) DAYS

(Signed) W. A. Storey M.D.

Address City Hospital

Date October 6th 1906

Place of Burial Laurel Cemetery

Date October 10th 1906

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 N Isol. 94281 Registered No. B 94281

18

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virgil M. Dixon

{ Residence, if in Baltimore, Give Street and Number. } Bay view asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): ~

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Lamar Hollyday, Supt.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: oct 7 1906

I HEREBY CERTIFY, That I attended deceased from oct 5 1906 to oct 7 1906 that I last saw h-im alive on oct 7 1906, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

~~Con~~tributory (Primary) Erysipelas.

(DURATION) DAYS

(Signed) Walter D Stone M.D.

Address Bay View Asylum

Date Oct 7th 1906

Place of Burial Pt Lookout Cemetery

Date Oct 9 1906

Undertaker George H Locher

Address 609 Fillmore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94282

City of Baltimore, (No. 506 S Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Pacey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Charles Pacy

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adliana Pacy (Son)

(Address) 1108 S. Charles St

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 7 1906

that I last saw h~~im~~ alive on Oct 7 1906

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Hepheritis

..... (DURATION) ..... DAYS

Contributory Uremic Coma

..... (DURATION) ..... DAYS

(Signed) John Latte M. D.

Oct 8 1906 (Address) 207 Eastern Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel	Oct 9 1906
UNDERTAKER	ADDRESS
Schlosser & Son	Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, sex, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 14 — 94283 — Registered No. B 94283

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Stark

{ Residence, if in Baltimore, Give Street and Number. } St Vincents Inf. Asy. Lafayette

Duration of Residence in Baltimore:

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH Sept 19th 1906

AGE ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I Asy.

Filed 10/9 1906 HARRY O'[illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Oct 7 1906 that I last saw h[illegible] alive on Oct 7 1906 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. Stanley Ward M.D.

Address 1330 N Caroline

Date 10/8 1906

Place of Burial New Cathedral

Date Oct 9th 1906

Undertaker Martin Dukey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94284 Registered No. B 94284

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Vincent Henderson

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Sept. 18 1906.

AGE ___ years, ___ months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER (

BIRTHPLACE OF FATHER (State or country) (

MAIDEN NAME OF MOTHER (

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 7 1906

that I last saw h[illegible] alive on Oct 7 1906,

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1232 N Caroline

Date 10/8-06 1906

Place of Burial New Cath[illegible] Oct 9th 06

Date Oct. 9th 06 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 94285 Registered No. B 94285

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Binder

{Residence, if in Baltimore, Give Street and Number.} St. Vincent. Infant Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Sept 18 1906

AGE ..... years, ... months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Oct 6 1906

that I last saw him alive on Oct 6 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. S. Hayward M.D.

Address 1330 N Caroline

Date 10/8 1906

Place of Burial New Cathedral

Date Oct. 9th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94286 Registered No. B 94286

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Inf. asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Green

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Infan.

Duration of Residence in Baltimore. Septem

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Sept 1 1906

AGE ..... years, 1 month 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Oct 8 1906

that I last saw h[illegible] alive on Oct 8 1906

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

..... (DURATION) DAYS

Contributory (Primary.) .....

..... (DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1232 Druid

Date 10/8 1906

Place of Burial New Cathedral

Date Oct 9th 1906

Undertaker Martin Fahey Sons

Address 206 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 8 94287 Registered No. B 94287.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1828 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lev L T Thorton

{Residence, if in Baltimore, Give Street and Number.} 1828 E Chase

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jany 20 1882

AGE: 24 years, ___ months, ___ days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: J. F. Thorton

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E Tilden

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Painter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Thorton

(Address) 1828 E Chase

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Oct 7 1906

that I last saw h— alive on Oct 7 1906.

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac paralysis

2 hours. (DURATION) DAYS

Con ributory (Primary.) Lobar Pneumonia.

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument St.

Date Oct 8 1906

Place of Burial Oak Lawn

Date Oct 9 1906

Undertaker Robt J Turner

Address Gay & Allen

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94288

City of Baltimore, (No. 1003 Payson St. N. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Bond.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Bond

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Anna Cashman

BIRTHPLACE OF MOTHER (State or country): Balti

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 10/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Oct 7th 1906

that I last saw him alive on Oct 7th 1906,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) DAYS

Contributory Inanition

(DURATION) 60 DAYS

(Signed) J. M. Litzinger M. D.

Oct 9 1906 (Address) 212 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Oct 9 1906

UNDERTAKER: M Cadogan — ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94289

City of Baltimore, (No. 2304 Druid Hill Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann L Hammett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 13 (Day) 1819 (Year)

AGE: 86 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): St Mary's Co. Md

FULL NAME OF FATHER: George Wise

BIRTHPLACE OF FATHER (State or country): St Mary's Co. Md

MAIDEN NAME OF MOTHER: Sophia Hammett

BIRTHPLACE OF MOTHER (State or country): St Mary's Co. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie L Manger

(Address) 2304 Druid Hill Ave

Filed 10/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 5 1906

that I last saw h[illegible] alive on Oct 5 1906,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Senile Debility
& Malarial Fever

(DURATION) 5 DAYS

Contributory

(DURATION) DAYS

(Signed) [signature] M.D.

Oct 5 1906 (Address) 1303 W Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mechanicsville, Md | DATE OF BURIAL: Oct 10 1906

UNDERTAKER: Geo. J Smith Co. | ADDRESS: 1050 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 94290 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 Chestnut St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Richardson

{Residence, if in Baltimore, Give Street and Number.} 115 Chestnut St

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: m — COLOR: Colored

DATE OF BIRTH: 1

AGE: 00 years, — months, — days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): S. C.

FULL NAME OF FATHER: Father Unknown

BIRTHPLACE OF FATHER (State or country): — — — —

MAIDEN NAME OF MOTHER: — — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo. H. Jones

(Address) 115 Chestnut St

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. B. Hayden M.D.

Address 1216 N. Caroline St

Date Oct. 8, 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 8 - 1906 190

MARY O. ANDREWS PERMIT CLERK.

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Certificate Morgue

2 13

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 94291

94291

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Russell -

{Residence, if in Baltimore, Give Street and Number.} 1424 Covington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH April 22. 1906.

AGE ~~5~~ years, 5 months, 15. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER R. C. Russell.

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Carrie E. Markell.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Russell.

(Address) 1424 Covington St.

Filed 10/9 1906

MARY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 7 1906, that I last saw him alive on Oct 6 1906, and that death occurred, on the date stated above, at 5.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Edward Smith M.D.

Address 1711 Hanover St.

Date Oct 7 1906.

Place of Burial Western Cem.

Date Oct. 9. 1906

Undertaker M. Doyle & Sons

Address 17 Eden St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94292

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Fields

{ Residence, if in Baltimore, Give Street and Number. } 809 Hopkins Ave

Duration of Residence in Baltimore. Life B94292

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	July 5th 1873
AGE	33 years, 3 months, 3 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Herman Wagner
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Marie C.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. Fields

(Address) 803 N. Hopkins ave

Filed 10/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	October 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13 1906 to Oct 8 1906

that I last saw her alive on Oct 8 1906

and that death occurred, on the date stated above, at 9.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

following Labor

25 days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hospital

Date Oct 8 1906

Place of Burial St. Mathews

Date 10/11/06 1906

Undertaker J. Henry & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94293 Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 Woodward St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Catherine Blinkinsop

{Residence, if in Baltimore, Give Street and Number.} 835 Woodward St

Duration of Residence in Baltimore. 64 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 1 1816

AGE: 90 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Bowers

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Blinkinsop

(Address) 835 Woodward

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Oct 8 1906 that I last saw her alive on Oct 6 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Weakness

(DURATION) 3 DAYS

Contributory (Primary) General Debility

(DURATION) 3 Mos DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave

Date Oct 9 1906

Place of Burial Loudon Park,

Date October 10th 1906

Undertaker William Boyd

Address 602 E North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 94294 Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 W. Hill Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicey Stevenson

{Residence, if in Baltimore, Give Street and Number.} 133 W. Hill St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicey Shox (daughter)

(Address) 133 W. Hill St.

Filed 10/9/ 1906 SLC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 7 1906 that I last saw h[er] alive on Oct 7 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Arterio-sclerosis

(DURATION) 7 DAYS

(Signed) H S McCaul M.D.

Address 13 Clew Hill

Date Oct 9 1906

Place of Burial Mt. Auburn Cemetery

Date October 10. 1906

Undertaker John H. Toadvine

Address 200 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 94295 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 Haw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Robinson

{Residence, if in Baltimore, Give Street and Number.} 714 Haw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Feb. 10, 1869

AGE 37 years, 6 months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Lewis Neal.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie Williams

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen Robinson

(Address) 714 Haw St

Filed 10/9/1906 S2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8' 1906

I HEREBY CERTIFY, That I attended deceased from Apr'l 5 1906 to Oct 8 1906

that I last saw h er alive on Oct 7 1906

and that death occurred, on the date stated above, at 5½ a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Haemorrh

(DURATION) 7 DAY

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 6 M

(Signed) John E Huck M.D.

Address 674 W Lo Jay at Av

Date Oct 8 1906

Place of Burial Mt. Auburn Cem

Date October 10 1906

Undertaker John A. Toadvine

Address 2062 W Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 94296 Registered No. B [illegible] 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 846 S. Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James W. Armstrong

{Residence, if in Baltimore, Give Street and Number.} 846 S. Sharp St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: colored
DATE OF BIRTH	1
AGE	50 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	John Armstrong
BIRTHPLACE OF FATHER (State or country)	md
MAIDEN NAME OF MOTHER	Butler
BIRTHPLACE OF MOTHER (State or country)	md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Armstrong

(Address) 846 S. Sharp St.

Filed 1791 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 6 1906

that I last saw him alive on Oct 6 1906,

and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy

(DURATION) 6 DAYS

Contributory (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) [illegible] M.D.

Address 714 S. Sharp St

Date Oct. 8th 1906

Place of Burial Mt. Auburn Cem

Date October 9 1906.

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94297 Registered No. B 94297

CERTIFICATE OF DEATH. 94

(Place of Death.) No. 930 N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul M. Robins

{ Residence, if in Baltimore, Give Street and Number. } 930 N. Gilmor St

Duration of Residence in Baltimore. Life time —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W L

DATE OF BIRTH March 28 81

AGE 25 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Benjamin F Robbins

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ettie Mattingly

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ettie Robins

(Address) 930 N Gilmor St

Filed 10/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th, 1906

I HEREBY CERTIFY, That I attended deceased from November 1905 to Oct 9th 1906.

that I last saw him alive on Oct 9th 1906,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis of cardiac and respiratory Centers

(DURATION) few hours ~~DAYS~~

Contributory (Primary.) Cerebral Tumor —

(DURATION) 10 months ~~DAYS~~

Signed) J Mortimer Hayes — M.D.

Address 901 N. Stricker St

Date Oct. 9th 1906

Place of Burial Mt Olivet Cemetery

Date Oct 11 1906

Undertaker H. Tickner & Son

Address Caroline & Fremont

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94298 Registered No. B 94298

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 133 Lemon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jos Eagan

{ Residence, if in Baltimore, Give Street and Number. } 133 Lemon St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Jany 1860

AGE 46 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Michael Eagan

BIRTHPLACE OF FATHER (State or country) not known

MAIDEN NAME OF MOTHER Cath Kelley

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Lab.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lauterbach

(Address) 133 Lemon

Filed 10/9 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 7 1906

that I last saw him alive on Oct 7 1906

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Paresis

Six Weeks (DURATION) DAYS

Contributory (Primary.) Epileptic (DURATION) DAYS

(Signed) L J Swinburne M.D.

Address 1620 E Fort Ave

Date 10/8 1906

Place of Burial Cedar Hill Cem

Date Oct 10 1906

Undertaker J Fen McCully

Address 396 Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 94299

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1319 Ashland Ave St. ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augusta Boskie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 15 1 (Month) (Day) Year)

AGE: 76 years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Moritz Braun

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Ernest Boskie

(Address) 1319 Ashland Ave

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11th 1906 to Oct 8th 1906

that I last saw her alive on Oct 1st 1906,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Chronic Intestinal Catarrh 2 Mos.

(DURATION)

Contributory .....

(DURATION) ..... DAYS

(Signed) C. O. Fisher M. D.

Oct 9th 1906 (Address) 150 E Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Oct 10 1906
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B 99300

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2828 Elliott St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Szyga

{Residence, if in Baltimore, Give Street and Number.} 2828 Elliott St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 18 " 1905

AGE: ..... years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto — Md.

FULL NAME OF FATHER: George Szyga.

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Josefa Hobewinska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Szyga.

(Address) 2828 Elliott St.

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to Oct 9th 1906

that I last saw him alive on Oct 8th 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (DURATION) 3 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. W. Bluey M.D.

Address 2 Hudson st

Date Oct 9th 1906

Place of Burial St Stanislaus

Date October 10" 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 — 94301 — Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2621 W Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary F. Smith

{Residence, if in Baltimore, Give Street and Number.} 2621 W Franklin

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 18th 1905

AGE: 1 years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Joseph Smith

BIRTHPLACE OF FATHER (State or country): Balto. md

MAIDEN NAME OF MOTHER: Ida V. Smith

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida V. Smith

(Address) 2621 Franklin st

Filed 10/9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 9 1906 that I last saw h[illegible] alive on Oct 9 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Mosher M.D.

Address 638 N Gilmor

Date Oct 9 1906

Place of Burial Mt Olivet

Date Thursday Oct 11 1906

Undertaker Geo J Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24. Registered No. B 94302

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Towson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Selenka

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 1902

AGE 4 years, 5 months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Wolf Selenka

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Hannah Klemain

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Selenka

(Address) 1108 Towson

Filed 1911 1906 O&C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 9 1906

that I last saw him alive on Oct 9 1906,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia (DURATION) 6 DAYS

Contributory (Primary.) 1

Measles (DURATION) 11 DAYS

(Signed) Hahn M.D.

Address 1510 E. Fort Ave

Date Oct 9 1906

Place of Burial Philips Rd Rose Dale

Date Oct 9 1906

Undertaker Mof Levinson

Address 1128 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 94303 — Registered No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 Fonson — Ida [redacted]ah St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah Selenka

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. 6 days

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Male~~ Female — COLOR White

DATE OF BIRTH Oct 1904

AGE 2 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Wolf Selenka

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Hannah Kleman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Sele[redacted]a

(Address) 1108 Fonson St

Filed 10/10 1906 S2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 9 1906

that I last saw h[redacted]er alive on Oct 8 1906

and that death occurred, on the date stated above, at 10 30 ~~A~~ P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia (DURATION) 6 DAYS

Contributory (Primary.) Measles (DURATION) 11 DAYS

(Signed) [redacted] M.D.

Address 1510 E Fort Av

Date Oct 9 1906

Place of Burial Philips Rd Ross Dale

Date Oct 9 1906

Undertaker Mat Levinson

Address 1138 Lore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 24 — 94304 — Registered No. B 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Cookie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith Majecsky

{Residence, if in Baltimore, Give Street and Number.} 1409 Cookie Ste

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan. 30d. 1906

AGE — years, 8 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Henry Majecsky

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmine Braun

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Majecsky

(Address) 1409 Cookie St

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 8 1906

that I last saw her alive on Oct 8 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 90 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Klaw M.D.

Address 1516 Lort St

Date Oct 9 '06 1906

Place of Burial 1st Evergreen.

Date Oct 11th 1906

Undertaker H Sander & Co

Address 1910 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 94305 — Registered No. B — 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 N. Dallas st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bruns

{Residence, if in Baltimore, Give Street and Number.} 1435 N. Dallas st.

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH ..... 1 .....

AGE 79 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Borgstede

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Kat. Kruse

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Bruns

(Address) 1430 N. Dallas st.

Filed 10/10 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 27 — 1906 to Oct. 8 — 1906

that I last saw her alive on " 5 — 1906

and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

3 mos. (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date October 8 — 1906.

Place of Burial Baltimore Cemetery

Date Oct. 10 1906

Undertaker Henry Hoede Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 94306 Registered No. B 94306

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 912 N. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edwin Phillips

{Residence, if in Baltimore, Give Street and Number.} 912 N. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 82 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Albert Phillips

(Address) 912 N. Chester St.

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8 — 1906

I HEREBY CERTIFY, That I attended deceased from October 5-1906 to October 8-1906

that I last saw him alive on " " 1906 9.30

and that death occurred, on the date stated above, at ..... P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Con'tributory (Primary) Old age

(DURATION) ..... DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Carolina St.

Date October 9 1906

Place of Burial Baltimore Cemetery

Date October 11 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 94307 — Registered No. B 94307 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 E. 21st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Edward Hahn

{Residence, if in Baltimore, Give Street and Number.} 502 E 21st St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 7th 1906

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John H. Hahn

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Mary M. Rosenberger

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 502 E. 21st St.

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7th 1906 to Oct 9th 1906

that I last saw him alive on Oct 8th 1906

and that death occurred, on the date stated above, at 9:45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth Dr. Schlabrendorf

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) O. W. Stoner M.D.

Address 1501 Eager St

Date Oct 9th 1906

Place of Burial Holy Redeemer Cemetery

Date October 10th 1906

Undertaker Henry Harold Hess

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 01 94308 Registered No. B 94308

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1401 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carmelite Erdman

{Residence, if in Baltimore, Give Street and Number.} 1401 N. Central Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 7th 1906

AGE ..... years, ... months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John H. Erdman

BIRTHPLACE OF FATHER (State or country) Falls. Co. Md.

MAIDEN NAME OF MOTHER Maggie E. Carlin

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1401 N. Central Ave

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1906 to Oct 9th 1906

that I last saw her alive on Oct 8th 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Had not breathed properly from birth

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston

Date Oct 9th 1906

Place of Burial Erdman's Private Cemetery Hoy

Date Oct. 10th 1906

Undertaker Henry Hoerle & Son

Address 1301 E. Eager St.

HENRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 [illegible] Registered No. B [illegible]

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1922 Lansdowne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest a Johenning

{Residence, if in Baltimore, Give Street and Number.} 1922 Lansdowne St

Duration of Residence in Baltimore. Life B 94309

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March 2nd 1853

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry E Johenning

BIRTHPLACE OF FATHER (State or country) Europe

MAIDEN NAME OF MOTHER Eustina

BIRTHPLACE OF MOTHER (State or country) Europe

OCCUPATION OF DECEASED Marchinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Johenning

(Address) 1922 Lansdowne St

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 Th 1906

I HEREBY CERTIFY, That I attended deceased from July 20 1906 to Oct 9 — 1906

that I last saw h in alive on Oct 8 1906

and that death occurred, on the date stated above, at 9 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

3 Months (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) [illegible] M.D.

Address 1903 W Saratoga St

Date Oct 9th 1906

Place of Burial Cathedral Cemetery

Date October 11th 1906

Undertaker William Cook

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 94310 Registered No. B 94310

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaiah Barney.

{Residence, if in Baltimore, Give Street and Number.} 729 Rickett Court

Duration of Residence in Baltimore. Life. B 94310

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Black

DATE OF BIRTH 1

AGE 53 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Barney

(Address) 509 Wilmot Ave

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Oct 8 1906

that I last saw him alive on Oct 8 1906

and that death occurred, on the date stated above, at 3:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. G. MacCallum, M.D.

Address Johns Hopkins Hospital

Date October 9 1906

Place of Burial Mt Auburn

Date Oct 10 1906

Undertaker Smith Trodden

Address Cornwall St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Wellmore

{Residence, if in Baltimore, Give Street and Number.} 724 Cider Alley

Duration of Residence in Baltimore. Life

B 94311

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ... 1...

AGE: 27 years, ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Hines

(Address) 204 Westfield

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 7 1906

that I last saw h.. alive on Oct 7 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema.

(DURATION) DAYS

Contributory (Primary) Chronic Interstitial Nephritis - Uremia

(DURATION) DAYS

(Signed) W. W. Dine M.D.

Address University Hospital

Date Oct 8 1906

Place of Burial Mt. Auburn Cem.

Date October 9 1906

Undertaker Isaac N. Loadenstein

Address 204 Westfield St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 1447, N. Carey St.; Ward) Registered No. B 94312

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Clinton Rhodes

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	1 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	John H Rhodes
BIRTHPLACE OF FATHER (State or country)	Calvert Co Md
MAIDEN NAME OF MOTHER	Katty Green
BIRTHPLACE OF MOTHER (State or country)	Calvert Co Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Rhodes

(Address) 1447 N Carey st

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about 2 weeks ago 1906 to Oct 9 1906

that I last saw h in alive on Oct 9 1906,

and that death occurred, on the date stated above, at 9-30 P.M. The CAUSE OF DEATH was as follows:

Convulsions

after Tonsilitis (DURATION) ~~DAYS~~

Contributory Pneumonia

about 2 weeks (DURATION) ~~DAYS~~

(Signed) J. F. Steinwell M.D.

Oct 9 1906 (Address) 2226 Linden ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mount Auburn Cemetery

DATE OF BURIAL Oct 10 1906

UNDERTAKER Felix B. Pope

ADDRESS 183 E Lombard st

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. 550 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Cupp B9432

{Residence, if in Baltimore, Give Street and Number.} 550 W. Biddle St

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	1
AGE	43 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	St. Mary Co. Md.
FULL NAME OF FATHER	Jery Green
BIRTHPLACE OF FATHER (State or country)	Easton Md
MAIDEN NAME OF MOTHER	Cathrine Green
BIRTHPLACE OF MOTHER (State or country)	St. Mary Co. Md.
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

115 Sarah Ann st
(Informant) Mrs Mary Lee Martin Cupp
per F. B. M.
(Address) 652 Vine st

Filed 10/10 1906
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...;

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Haemorhage, throat
cut with a razor

died instantly (DURATION) ... DAYS

Contributory (Primary.) Murder

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. Towson

Date Oct. 10 th 1906

Place of Burial Mont Auburn Cemetery

Date Oct 12th 1906

Undertaker Felix E. Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

94314

Ward 4

Registered No. B 94314

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Felder

{Residence, if in Baltimore, Give Street and Number.} 714 W. Lombard St

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH 1

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Lazarus Benny

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Simon

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Lipschitzy

(Address) 714 W Lombard st

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 9 1906

that I last saw her alive on Oct 9 1906,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

Cardiac Dilitation

One Week (DURATION) DAYS

Contributory (Primary.)

One year (DURATION) DAYS

(Signed) C. M. McElfish M.D.

Address 864 N. Lombard

Date Oct 9 1906

Place of Burial Philips Pd Hebrew

Date Oct 10, 1906

Undertaker Max Levinson

Address 1128 Low st

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...ALTH DEPARTMENT, City of Baltimore.

94315

Ward 10 94315 Registered No. B 13

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Meagdalena Wernetb

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1829

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Engleberth Wernetb

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Appollonia Gerge

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley sts

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8th 1906

I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ 190... to ... 190...

that I last saw h~~er~~ alive on Oct 5 1906,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

~~Chronic bronchitis~~

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Influenza (DURATION) ... DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Oct 8 1906

Place of Burial Holy Redeemer

Date Oct. 10th 1906

Undertaker Henry C. Wiedefield

Address 914 Greenmount av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94316

Ward 9 — 94316 — Registered No. B 77

CERTIFICATE OF DEATH.

(Place of Death.) No. 132 N. Duncan Alley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Anna E. Trabart

{Residence, if in Baltimore, Give Street and Number.} 132, N. Duncan alley

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 16 1886
AGE	21 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt
FULL NAME OF FATHER	Albert Trabart
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Trabart
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Trabart

(Address) 1321 Duncan

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9 — 1906

I HEREBY CERTIFY, That I attended deceased from about July 1906 to October 1906

that I last saw her alive on don't remember 1906

and that death occurred, on the date stated above, at 10:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 90 DAYS

(Signed) Pierre G. Dausel M.D.

Address 121 Jackson Square

Date October 10 1906

Place of Burial Holy Redeemer

Date October 12 1906

Undertaker Wendell Appel & Son

Address 328 S. Arch St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward I Insane Dept 94317 Registered No. B 94317

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Estella Bodine

{Residence, if in Baltimore, Give Street and Number.} Bay View asylum

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH August 9 1880

AGE 26 years, 2 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Wm Bodine

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Barbara Schmidt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bodine

(Address) 503 N. Montford Ave

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1904 to Oct 9 1906 that I last saw h[illegible] alive on Oct 9 1906 and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 1 DAYS

Contributory (Primary.) Typhoid

Fever (DURATION) 7 DAYS

(Signed) J. M. Owens M.D.

Address Bay View Asylum

Date 10/10 1906

Place of Burial Mt Carmel Cemetery

Date October 12 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94318

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94318

City of Baltimore, (No. 1618, E Oliver St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H Eltonhead

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 3 (Month) (Day) 1842 (Year)

AGE: 64 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Mass Boston

FULL NAME OF FATHER: Thos H Eltonhead

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Sarah Hubbard

BIRTHPLACE OF MOTHER (State or country): Mass

OCCUPATION OF DECEASED: Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Madeline E Eltonhead

(Address) 1618 E Hederal

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Oct 8 1906

that I last saw him alive on Oct 8 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) One DAYS

Contributory Exhaustion

(DURATION) 18 DAYS

(Signed) A M Macdonald M. D.

Oct 8 1906 (Address) 1501 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 11 190 6

UNDERTAKER: Robt Turners Boy — ADDRESS: Dlvy

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...DEPARTMENT, City of Baltimore.

Ward 10 — 94319 — Registered No. B 94319

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CERTIFICATE OF DEATH.

(Place of Death.) No. 724 Colvin Place St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Frank J. Ostmann

{Residence, if in Baltimore, Give Street and Number.} 724 Colvin Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Octo 7 1906

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: child

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank J Ostermann

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emelia S. Tyler

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J Ostermann

(Address) 724 Colvin Place

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 9 1906

that I last saw him alive on Oct 8 1906

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

None Closure Foramen Ovale

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John R Huck M.D.

Address 647 N Fulton Ave

Date Oct 9 1906

Place of Burial Holy Redeemer

Date Octo 10th 1906

Undertaker George Benz

Address 654 N Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 94320 — Registered No. B 94320

CERTIFICATE OF DEATH.

(Place of Death.) No. 1435 Jackson Ct — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lusey Bantam

{ Residence, if in Baltimore, Give Street and Number. } 1435 Jackson Court

Duration of Residence in Baltimore. 1906 Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City Balti

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Washing & Iron

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Horace Bantam

(Address) 1435 Jackson Court

Filed 10/10 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 — 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac [illegible]

[illegible] DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thos Leadley M.D.

Address 320 N Bond St

Date Oct 9 1906

Place of Burial Loudon Cemetary

Date 11 Oct 1906

Undertaker John W Henderson

Address 31 N Caroline St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 94321 Registered No. B 94321

CERTIFICATE OF DEATH.

(Place of Death.) No. 2012 Pleasant Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Auffarth

{Residence, if in Baltimore, Give Street and Number.} 2012 Pleasant Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 3rd 1868
AGE	38 years, 7 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Geo. Auffarth
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kate Elgert
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Auffarth

(Address) 2012 Pleasant Alley

Filed 10/10 1906

EMILY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 - 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Oct 7 1906 that I last saw him alive on Oct 5 1906 and that death occurred, on the date stated above, at 7 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmon

(DURATION) 30 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Geo. Gaston Blades M.D.

Address 1243 N. Eutaw

Date Oct 8 1906

Place of Burial Mt. Carmel Cem

Date Oct. 10 1906

Undertaker HENRY SANDER & SONS,

Address 1310 Caton Avenue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94322 Registered No. B 94322

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2215 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John M. Foster

{ Residence, if in Baltimore, Give Street and Number. } 2215 Canton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 8th 1859

AGE: 47 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: John M. Foster

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Kaiser

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Foster

(Address) 2215 Canton Ave

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18 1906 to Oct 3 1906

that I last saw him alive on Oct 3 1906,

and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) A. L. Long M.D.

Address 1429 Fait Ave

Date Oct. 8 1906

Place of Burial Trinity Cem

Date Oct. 10 1906

Undertaker HENRY SAUER & SONS

Address S. E. Cor Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94323 Registered No. B 94323

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Chesapeake St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Kleinschmidt

{Residence, if in Baltimore, Give Street and Number.} 904 Chesapeake St.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: September 20th 1859

AGE: 47 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ludwig Doebrand

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christine Black

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kleinschmidt

(Address) 904 Chesapeake St.

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 22 1906 to Oct 8 1906

that I last saw h alive on " 8 1906

and that death occurred, on the date stated above, at p. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

6 mos. (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C. Mein M.D.

Address 649 Patterson Park Ave

Date Oct 10 1906

Place of Burial St. Evangelic Cem

Date Oct 10 1906

Undertaker HENRY SANDER & SONS.

Address S.E. Cor. Broadway & Baltimore Sts. and 1705-1710 Canton Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 94324 — Registered No. B 94324

CERTIFICATE OF DEATH.

(Place of Death.) No. 309 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian H. Einolf

{Residence, if in Baltimore, Give Street and Number.} 309 S. Monroe St.

Duration of Residence in Baltimore. Life-Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Jany 28th 1888
AGE	18 years, 8 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Geo. J. Einolf
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaret Gump
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Einolf

(Address) 309 S. Monroe

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to Oct 8th 1906 that I last saw her alive on Oct 8th 1906 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia
Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary) Exhaustion

(DURATION) 30 DAYS

(Signed) E. A. Kinnear M.D.

Address 1727 N. Loudon

Date Oct. 9th 1906

Place of Burial London Park

Date Oct 11 1906

Undertaker Crowley & Frost

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 94325

94325

CERTIFICATE OF DEATH.

(Place of Death.) No. 2500 Rayner ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Nickel

{ Residence, if in Baltimore, Give Street and Number. } 2500 Rayner ave

Duration of Residence in Baltimore. From per

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Etta Nickel

(Address) 2500 Rayner ave

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH [illegible] 7th 1906

I HEREBY CERTIFY, That I attended deceased from

.....1906..... to .....1906.....

that I last saw h..... alive on .....1906.....,

and that death occurred, on the date stated above, at .....

.....11. CAUSE OF DEATH (Secondary or Immediate)

Consumption

.....(DURATION)..... DAYS

Contributory (Primary.)

.....(DURATION)..... DAYS

(Signed) Wilson Baldwin M.D.

Address 700 Log. ave. (Govans)

Date Oct 9 10 M 1906

Place of Burial Mt Auburn

Date Oct 10th 1906

Undertaker Wm F Johnson

Address 614 Baker Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

94326

Ward 19 94326 Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 1117 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Smith

{Residence, if in Baltimore, Give Street and Number.} 1117 W. Lombard st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Burke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Burke

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Fields

(Address) 1200 W. Lombard

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Oct 5 1906 that I last saw h-- alive on Oct 5 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar pneumonia

One week (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C. Found M.D.

Address 1300 W. Lombard st

Date Oct 9 1906

Place of Burial Mount Olivet

Date Oct 11 1906

Undertaker John D. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th 94327 Registered No. B 94327

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Moore

{Residence, if in Baltimore, Give Street and Number.} 614 S. Eutaw St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE ..... years, 18 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Charles Moore

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Virginia Moore

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Moore

(Address) 614 S Eutaw Street

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9-1906 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1906 to Oct. 9th 1906

that I last saw h[illegible]er alive on Oct. 9th 1906,

and that death occurred, on the date stated above, at 12-15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Basilar Meningitis

(DURATION) 8 DAYS

Contributory (Primary.) Parenchymatous nephritis 3 mos. (DURATION) DAYS

(Signed) E W Billups M.D.

Address University Hospital

Date Oct. 10, 1906 190

Place of Burial Druid Cemetery

Date Oct 10 1906

Undertaker Isaiah L. Bruce Son

Address 1108 N. Montgomery St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

Registered No. B 94328 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 604 Little Parkin St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elsie Bowersox

{Residence, if in Baltimore, Give Street and Number.} 604 Little Parkin St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Light White
DATE OF BIRTH	Feb 1st 1906
AGE	8 years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	[redacted]
BIRTHPLACE (State or country)	604 Little Parkin St
FULL NAME OF FATHER	Thomas Bowersox
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Sidney Archibald
BIRTHPLACE OF MOTHER (State or country)	Balto County
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sidney Bowersox

(Address) 604 Little Parkin St

Filed 10/10 1906 Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Oct 5 1906 that I last saw her alive on Oct 5 1906, and that death occurred, on the date stated above, at 4.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis & Malnutrition

(DURATION) 16 DAYS

Contributory (Primary.) Asthenia

(DURATION) 16 DAYS

(Signed) Henry C. Ahlers M.D.

Address 1203 W. Fayette St

Date Oct 9-06 1906

Place of Burial Western Cem.

Date Oct. 10 1906

Undertaker Ph. J. Dillon

Address 746 E. Columbia ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 94329

Ward 9 — 94329 — Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 N. Collington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia E Smith

{Residence, if in Baltimore, Give Street and Number.} 205 N. Collington ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 22 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: H. B. Slawson

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Sophia Robinson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Slawson

(Address) 205 N. Collington ave

Filed 17/10 1906 — SC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 9 1906 190

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 9 1906

that I last saw her alive on Oct 8 1906.

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis and Odema of the lungs

(DURATION) 8 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Adolph C. Eisenbarth M.D.

Address 2213 Orleans St

Date OCT 9 1906 1906

Place of Burial Greenmt Balto Co Md

Date OCT 11 1906 190

Undertaker Chas. J. Ott

Address 911 N. BROADWAY

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 94330

CERTIFICATE OF DEATH.

(Place of Death.) No. Hd. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Reuter Jr

{Residence, if in Baltimore, Give Street and Number.} 1513 Penna. Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm Reuter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Goss

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Jones

(Address) 1513 Penn Ave

Filed Oct 10th 1906

Registrar

7 x 2

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10th 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) 2 DAYS

Contributory (Primary.) Accidental fall

from scaffold (DURATION) DAYS

(Signed) Wilson Bond Davis M.D.

Address 700 Leg. ave (Govans)

Date Oct 10 th 190

Place of Burial Mt Auburn

Date Oct 12 190

Undertaker Chas Hensley

Address 1578 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 94384

CERTIFICATE OF DEATH.

(Place of Death.) No. 740 Waesche St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Herbert Smith

{ Residence, if in Baltimore, Give Street and Number. } 740 Waesche St

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR C

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sngl

BIRTHPLACE (State or country) Jamaica

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reginald G. Hall

(Address) 2378 N Fine St

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Heat Disease

Sudden

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date Oct 9 1906

Place of Burial Mt Auburn

Date Oct 11 1906

Undertaker Alex Hamsley

Address 1518 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 94332 — Registered No. B 94332

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CERTIFICATE OF DEATH.

(Place of Death.) No. 3033 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clifton T. Dandy

{Residence, if in Baltimore, Give Street and Number.} 3033 Cedar Ave

Duration of Residence in Baltimore. 2 yrs 4

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 5 1905

AGE 1 years, 10 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wm G. Dandy

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Ella Tracy

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W G Dandy

(Address) 3033 Cedar Ave

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10th 1906

I HEREBY CERTIFY, That I attended deceased from June 25th 1906 to Oct 10th 1906 that I last saw h.. alive on Oct 9th 1906, and that death occurred, on the date stated above, at 5- P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

DURATION 2 DAYS

Contributory (Primary) Cerebro Spinal Meningitis DURATION 118 DAYS

(Signed) R B Norwood M.D.

Address 8347 Chestnut Ave

Date Oct 10th 1906

Place of Burial Ft. Mcar. F.

Date Oct 11 1906

Undertaker J. Marshall

Address 3559 Gells Road

WM. J. C. DULANY CO., Baltimore

HENRY O. ANDREWS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...; City of Baltimore.

94333

Ward 1 94333 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital, St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Stella Carbin

{ Residence, if in Baltimore, Give Street and Number. } Shenandoah Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 12 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER H. A. Carbin

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. A. Carbin

(Address) Shenadoah Va

Filed 11/17/ 1906 T.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9 1906

I HEREBY CERTIFY, That I attended deceased from July 29 1906 to Oct 9 1906

that I last saw h[illegible] alive on Oct 9 1906

and that death occurred, on the date stated above, at [illegible] M.

CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) DAYS

Contributory (Primary.) Acute Appendicitis

(DURATION) DAYS

(Signed) W. S. Maclellan M.D.

Address Johns Hopkins Hospital Oct 9 1906

Place of Burial Shenadoah Va

Date OCT 10 1906 1906

Undertaker Wm. J. Fry

Address 321 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94334

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94334

City of Baltimore, (No. 1132 N. Vincent alley St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathaniel Stevens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dont know (Month) about (Day) 1878 (Year)

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Geo. W. Stevens

BIRTHPLACE OF FATHER (State or country): Cambridge Md

MAIDEN NAME OF MOTHER: Annie Wheatley

BIRTHPLACE OF MOTHER (State or country): Cambridge Md

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) X Elizabeth Myers

(Address) 1132 N. Vincent Ave

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octber (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Oct 9 1906

that I last saw him alive on Oct 9 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 16 DAYS

Contributory Heart failure Dur Stone

(DURATION) DAYS

(Signed) Wm J. Chappell M. D.

Oct 10 1906 (Address) 857 N. Elmer

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Oct. 11th 1906
UNDERTAKER	**ADDRESS**
Wm J. Johnson	614 Baker st.

WM. J. C. DULANY CO., BALTIMORE

Witness Dr. W. J. Chappell

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), nativity, residence, cause of death, and the time when the deceased was last seen alive by the person certifying.

Ward 17 — 94335 — Registered No. B 94335

CERTIFICATE OF DEATH.

(Place of Death.) No. 47. W. West St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Walter Elizabeth Montague 6.

{ Residence, if in Baltimore, Give Street and Number. } 47 N. West St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: October 7. 1906.

AGE: ——— years, ——— months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Walter Montague

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Elizabeth Baylor 6.

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Montague (father) 6

(Address) 47 N. West St

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 9. 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190 ———

that I last saw h alive on ——— 190 ———, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. M. Reinhardt M.D.

Address Coroner

Date October 10 1906

Place of Burial Mt. Auburn

Date Oct. 11th 1906

Undertaker Wm. J. Johnson.

Address 614 Baker St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — Registered No. B 94336

94336

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 N. Bruce St. — (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Smith

{ Residence, if in Baltimore, Give Street and Number. } 1011 N. Bruce St

Duration of Residence in Baltimore. Forty Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Color

DATE OF BIRTH: Jan 1 1856

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Jane

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Smith

(Address) 1011 N. Bruce St.

Filed 10/11 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baltzin M.D.

Address 700 Lafayette Ave (Emory)

Date Oct. 9th 1906

Place of Burial Mt Auburn

Date OCT 11 1906 190 ....

Undertaker R. Lee Parham

Address 1213 Paink St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 94337 — Registered No. B 94337

CERTIFICATE OF DEATH.

(Place of Death.) No. 60 W Windemere Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name J. Arthur Flatcher

{Residence, if in Baltimore, Give Street and Number.} 60 W Windemere Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 22 1856

AGE: 50 years, 6 months, 18 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Jos. M Flatcher

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Hunt

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Flatcher

(Address) 60 W Windemere Ave.

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 — 1906.

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.. and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Influenza

Coma (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Fleetwood Leitherman M.D.
Coroner

Address 1806 N. Chas. St

Date Oct 9 1906.

Place of Burial St Johns Greens.

Date Thurs. Oct. 11 1906

Undertaker H C Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94338

City of Baltimore, (No. 1419, Henry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ethel Va. Raines

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: W.

DATE OF BIRTH: Sept 21 1901 (Month) (Day) (Year)

AGE: 5 years, 1 months, 19 days

SINGLE, ~~MARRIED,~~ WID~~OWED, OR~~ DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Walter A Raines

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Dora C Harding

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. A Raines.

(Address) 1419 Henry St.

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 10 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 10 1906

that I last saw her alive on Oct 10 1906,

and that death occurred, on the date stated above, at 8 ? M. The CAUSE OF DEATH was as follows:

Diphtheria Laryngeal,

(DURATION) 1½ DAYS

Contributory Heart failure.

(DURATION) — DAYS

(Signed) J. H. Cole M. D.

Oct 10 1906 (Address) 735 N Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Carmel.	Oct. 11 1906
UNDERTAKER	ADDRESS
G. Hasle.	115 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

3 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 — Registered No. B [redacted]

CERTIFICATE OF DEATH.

94339
56

(Place of Death.) No. 826 Vincent St — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Georgiana Lee

{Residence, if in Baltimore, Give Street and Number.} 826 Vincent St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: Col

DATE OF BIRTH: 1

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Sidans

(Address) 725 Druid Hill Ave

Filed 10/11 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) ... DAYS

Con'tributory (Primary.)

Alcoholism (DURATION) ... DAYS

(Signed) Patrick J Martin M.D.

Co.

Address ...

Date Oct 9 1906

Place of Burial Laurel

Date October 11th 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

94340

Registered No. B .....

City of Baltimore, (No. 812 Little Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marcus Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Marcus Kennedy

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Ella Kennady

(Address) 812 L. Monument St

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 9th (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1906 to Oct. 7 1906

that I last saw him alive on Oct 7 1906,

and that death occurred, on the date stated above, at 2 P.M. The CAUSE OF DEATH was as follows:

Asthma

(DURATION) 2 DAYS

Contributory Pneumonia

(DURATION) 7 DAYS

(Signed) R W Johnson M. D.

1906 (Address) Provident Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Oct 11 1906

UNDERTAKER: O R T Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94341

Ward 10 94341 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 n Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly Steward

{Residence, if in Baltimore, Give Street and Number.} 303. N. Paca St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Col
DATE OF BIRTH: Aug 13 1884	
AGE: 20 years, 1 months, 26 days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Joseph Steward
BIRTHPLACE OF FATHER (State or country)	Kent Co Md
MAIDEN NAME OF MOTHER	Lucy Johnson
BIRTHPLACE OF MOTHER (State or country)	Essex Co Va
OCCUPATION OF DECEASED	Home Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 303 n Paca St

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 8 1906

that I last saw h[illegible] alive on Oct 8 1906,

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 638 N Gilmor

Date Oct 9th 1906

Place of Burial Mt Auburn

Date October 11 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

94342

Ward..... *Registered No. B* 94342

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Reed.

Residence, if in Baltimore, Give Street and Number. .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Beggar.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct. 9 1906 that I last saw h.r alive on Oct 9 1906, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffused Nephritis, Senility

..... (DURATION) ..... DAYS

Contributory (Primary.) Cystitis —

Collapse (DURATION) ..... DAYS

(Signed) Walter D. Steel M.D.

Address Bay View Asylum.

Date Oct. 9 1906

Place of Burial Sacred Heart

Date Oct. 11 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

V

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B 94343

94343

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1426 N. Bethel — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Menninger

{ Residence, if in Baltimore, Give Street and Number. } 1426 N. Bethel st

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug. 16th 1906

AGE: ..... years, 1 months, 24 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Lewis Menninger

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Barbara Neubauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis Menninger

(Address) 1426 N. Bethel St

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10th 1906

I HEREBY CERTIFY, That I attended deceased from October 5th 1906 to October 10th 1906 that I last saw him alive on October 10th 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Indigestion & Diarrhea

(DURATION) 5 DAYS

Contributory (Primary.) Prostration

(DURATION) 3 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 918 S. Paca St.

Date October 10th 1906

Place of Burial Holy Redeemer Cemetery

Date October 12 1906

Undertaker Henry Hoecks Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 94344 Registered No. B 94344

CERTIFICATE OF DEATH.

(Place of Death.) No. 937 N. Durham St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Wenceslaus Kaspar

{ Residence, if in Baltimore, Give Street and Number. } 937 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Kaspar

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Mary Brabec

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Cigars

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Kaspar

(Address) 937 N. Durham

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1906

I HEREBY CERTIFY, That I attended deceased from October 6 1906 to Oct. 10 1906 that I last saw him alive on Oct 9 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6½ Months (DURATION) DAYS

Contributory (Primary.)

4 Months (DURATION) ? DAYS

(Signed) William J. Dulany M.D.

Address 2004 Eutaw Ave

Date 10/10/06 1906

Place of Burial Holy Redeemer

Date Oct 12 1906

Undertaker Frank Brack

Address 1904 Eutaw Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94345

Registered No. B

City of Baltimore, (No. 403, S Parish St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Magdalen Thuman

PERSONAL AND STATISTICAL PARTICULARS

SEX ~~Female~~ Female

COLOR White

DATE OF BIRTH Oct (Month) 23 (Day) 1869 (Year)

AGE 37 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER L. Gross

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Catherine Bayus

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Frank Miller

(Address) 403 S Parish St

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to Oct 9 1906

that I last saw her alive on Oct 9 1906,

and that death occurred, on the date stated above, at 10 A M. The CAUSE OF DEATH was as follows:

Cancer of the Uterus

One year (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J H Bouman M. D.

1906 (Address) 2200 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral

DATE OF BURIAL Oct 12" 1906

UNDERTAKER N. S. Fink

ADDRESS 2113 N Potts St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

94346

Ward 19 94346 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 1824 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Rogers

{Residence, if in Baltimore, Give Street and Number.} 1824 Dover St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 23d 1878

AGE: 28 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Frank Rogers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Minnie Shipley

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Rogers

(Address) 1824 Dover St.

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1906 to Oct 10 1906

that I last saw him alive on Oct 9th 1906,

and that death occurred, on the date stated above, at 1

A. M. CAUSE OF DEATH (Secondary or Immediate)

Collapse

Typhoid Fever

(DURATION) 7 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. W. Hebner M.D.

Address 723 W. Lombard St.

Date Oct. 10th 1906

Place of Burial Western

Date Oct 12" 1906

Undertaker N S Fink

Address 2113 E. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 94347 — Registered No. B 94347

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frederick Uphoff

{Residence, if in Baltimore, Give Street and Number.} 26 N Bond St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: June 9th 1880

AGE: 26 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Uphoff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Christina

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Uphoff

(Address) 304 S. Caroline

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1906 to Oct. 9th 1906 that I last saw him alive on Oct. 9th 1906 and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Hypostatic Pneumonia

(DURATION) One DAYS

Contributory (Primary.) Alcoholism & Alcoholic Arm (DURATION) DAYS

(Signed) Wm A. Dorsey M.D.

Address City Hospital

Date October 9th 1906

Place of Burial Balto. Cem.

Date Oct 11th 1906

Undertaker J Herring & Son

Address 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 94348 Registered No. B 94348

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 W Conway St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Geo. I. Schrader

{Residence, if in Baltimore, Give Street and Number.} 533 W Conway St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 18 1905

AGE: ..... years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Wm. Schroder

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Whalen

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Schroder

(Address) 533 W. Conway st

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9. 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 9. 1906 that I last saw h. in alive on Oct 9 1906, and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Meningitis

(DURATION) 5 DAYS

Contributory (Primary.)

Asthenia (DURATION) DAYS

(Signed) L. M Lampadius M.D.

Address 602 S Paca st

Date Oct 10 1906

Place of Burial St Peters Cem

Date October 11 1906

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 94349 — Registered No. B 94349

CERTIFICATE OF DEATH.

(Place of Death.) No. 1138 Fremsburg Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Booker.

{Residence, if in Baltimore, Give Street and Number.} 1138 Fremsburg Pl

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Booker

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Hunter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman St

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 9 1906 that I last saw h[illegible] alive on Oct 7 1906 and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute General Miliary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Gonna

(DURATION) DAYS

(Signed) I. A Hunkind M.D.

Address 1202 D. Hill Ave

Date Oct 11 1906

Place of Burial Laurel Cemetery

Date Oct 11 1906

Undertaker James H Dennis

Address 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 94350 — Registered No. B 94350

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Oscar King ("Konig")

{ Residence, if in Baltimore, Give Street and Number. } German Emigrant from Norfolk Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	November 5th 1877
AGE	28 years, 10 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	Not known
MAIDEN NAME OF MOTHER	Not known
BIRTHPLACE OF MOTHER (State or country)	Not known
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Sander Sons

(Address) 1710 Canton Ave

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1906 to October 9th 1906 that I last saw him alive on October 9th 1906, and that death occurred, on the date stated above, at 6.32 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. F. Riggs M.D.

Address 1514 Division St.

Date Oct. 9th 1906

Place of Burial Ist Evangelical Cem

Date Oct 10 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE

SEE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person sed, and the **cause and date of death.**

State of Maryland, City of Baltimore, to wit :

B94350

Before me, the subscriber, a Notary Public, of said State in and for said City, personally appeared Dr. T. F. Riggs, and made oath in due form of law :-

That as Resident Physician at the Union Protestant Infirmary, Nº 1514 - 1528 Division Street he the report prescribed by law to the Board of Health of the City of Baltimore, of the death at said Union Protestant Infirmary on October 9, 1906, of one "Oscar King (Koenig) a German immigrant ; that owing to lack of information about said Oscar King (Koenig) his social condition was in said report erroneously stated "single" and that upon reliable information and evidence received regarding the personality of said deceased, said report should be corrected as follows :-

Full name of Deceased :- Ernst Eduard Oskar K ö n i g ;
Age of the deceased :- 28 years 11 months and 4 days.
Nativity of Parents :- German ;
Birthplace of deceased :- Weissenfels, Germany ;
Occupation of deceased :- Merchant ;
Social Condition :- Married ;

In Witness whereof, said deponent has hereunto subscribed his name ¢

T. F. Riggs

and I the Notary, have hereunset set my signature and official seal this first day of March 1907.

Frank. F. Klemick
Notary Public.

Ward 21 — 94351 — Registered No. B 94351

14

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry E Arring

{Residence, if in Baltimore, Give Street and Number.} 631 Campbell St-

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 5th 1890

AGE 16 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City Md

FULL NAME OF FATHER Wm Arring

BIRTHPLACE OF FATHER (State or country) Balto City Md

MAIDEN NAME OF MOTHER Matilda E Williams

BIRTHPLACE OF MOTHER (State or country) Balto City Md

OCCUPATION OF DECEASED Varnish Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Arring

(Address) 631 Campbell St-

Filed 10/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Oct 9 1906 that I last saw h-- alive on Oct 9 1906, and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate)

Cyphosis

(DURATION) DAYS

Contributory (Primary.) Obscure of Brain (DURATION) DAYS

(Signed) Robt C Bay M.D.

Address University Hospital

Date Oct 9 1906

Place of Burial Western Cemetery

Date October 11th 1906

Undertaker James Dignan & Son

Address 759 W. Hamburg St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 94352 Registered No. B 94352

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Bleuer

{Residence, if in Baltimore, Give Street and Number.} 1928 Walbrook ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 21 1901

AGE: 5 years, 1 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Bleuer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Carrie E Hauer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bleuer

(Address) 1928 Walbrook ave

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 11 1906

that I last saw h alive on Oct 11 1906

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary) Tetanus

(DURATION) 5 DAYS

(Signed) Ed. White M.D.

Address University Hospital

Date Balto Oct 11 1906

Place of Burial Frederick Md

Date Oct 14 1906

Undertaker Pub. Tuppenny & Son

Address Caudent Place

WM. J. C. DULANY CO., BALTIMORE.

Vaccinated

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94353 — Registered No. B 94353

CERTIFICATE OF DEATH.

(Place of Death.) No. Ex 1639 Mc Eldery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Bryant Sadtler

{Residence, if in Baltimore, Give Street and Number.} 1639 Mc Eldery st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 5 1906

AGE: — years, — months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Rev John G. Sadtler

BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md

MAIDEN NAME OF MOTHER: Anna B. Hill

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev John G. Sadtler

(Address) 1639 Mc Eldery st.

Filed 10/11 1906 — HARRY G. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Oct 10 1906

that I last saw h[er] alive on Oct 9 1906

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate) Malaena Neonatorum

(DURATION) 5 DAYS

Con'tributory (Primary.) ?

(DURATION) DAYS

(Signed) Gwil Dobbin M.D.

Address 56 West Biddle st

Date Oct 10 1906

Place of Burial Druid Ridge Cemetery

Date Oct 11th 1906

Undertaker Stewart Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Dobbin 56 W Biddle st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W 94354 Registered No. B 94354

93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Casparinas

{Residence, if in Baltimore, Give Street and Number.} 19 Church St Curtis Bay

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Lithuania Russia

FULL NAME OF FATHER: John Kasparunas

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Eva Romunca

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Jurgis Wojcikewicz

(Address 19 Church St

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Oct. 10th 1906

that I last saw him alive on Oct. 10th 1906

and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) ... DAYS

Contributory (Primary)

(DURATION) ... DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date October 10th 1906

Place of Burial Holy Cross

Date October 12 1906

Undertaker Jacob Trakowski

Address 728 S Bond

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94355 — Registered No. B 94355

CERTIFICATE OF DEATH.

(Place of Death.) No. Guyons Falls near Ridge St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenzo Ciarrocchi

{Residence, if in Baltimore, Give Street and Number.} 239 Albemarle St

Duration of Residence in Baltimore. 2 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 16 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Frank Ciarrocchi

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Water boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Angelo Pizza

(Address) 245 Albemarle St.

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct- 6th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 6 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

accidentally fell off Trestle bridge 40 feet high into Gunpowder Falls Washington & Balto Electric R.R.

(DURATION) DAYS

Contributory (Primary.) Drowned

(DURATION) DAYS

(Signed) G Frank Jones M.D.

Address Coroners

Date Oct-11th 1906

Place of Burial St. Vincents

Date Oct. 13th 1906

Undertaker Wendell & Lippard Co

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94356 — Registered No. B 94356

CERTIFICATE OF DEATH.

(Place of Death.) No. 37 S Streeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary R Chick

{Residence, if in Baltimore, Give Street and Number.} 37 S Streeter St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 27 1858

AGE 48 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto, Md

FULL NAME OF FATHER Henry M Barkard

BIRTHPLACE OF FATHER (State or country) Balto, Md

MAIDEN NAME OF MOTHER Caroline A Horn

BIRTHPLACE OF MOTHER (State or country) Balto, Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar H Barkard

(Address) 37 S. Streeter

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10th 1906

I HEREBY CERTIFY, That I attended deceased from January 15 1906 to Oct 10 1906

that I last saw her alive on Oct 10 1906

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Lungs

6 mos (DURATION) DAYS

Con'ributory (Primary.) Cancer of breast

3 years (DURATION) DAYS

(Signed) James Bailey M.D.

Address 701 Hollins st

Date October 11 1906

Place of Burial Linden Park

Date Oct 12 1906

Undertaker Geo A Smith Co

Address 1602 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94357

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1539 Ramsay St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Benjamin F. Hipsley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Sept 1st (Month) (Day) 1841 (Year)	
AGE: 59 years, 1 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Joshua Hipsley	
BIRTHPLACE OF FATHER (State or country): Delaware	
MAIDEN NAME OF MOTHER: Dont Know	
BIRTHPLACE OF MOTHER (State or country): Maryland	
OCCUPATION OF DECEASED: Mechanist	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Knull

(Address) 917 Columbia Ave

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10th. 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mch 4 1906 to Oct 10th 1906 that I last saw h in alive on Oct 10th 1906, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Nephritis, Complicating Locomotor Ataxia

(DURATION) 7 Mths

Contributory Uraemia (DURATION) 1 Days

(Signed) Henry C. O'Dee M. D.

Oct 11 1906 (Address) 1203 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Oct 14 1906
UNDERTAKER	ADDRESS
A Knull & Son	307 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

94358 Registered No. B 94358

CERTIFICATE OF DEATH.

27

(Place of Death.) No. #1509 Bank St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Rave

{Residence, if in Baltimore, Give Street and Number.} 1509 Bank St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 18 1878

AGE: 28 years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Peter Rave

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Earnestina Neetzke

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr William Rave

(Address) 1509 Bank St

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Oct 9th 1906 that I last saw h er alive on Oct 10th 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion (DURATION) DAYS

Contributory (Primary.) Tuberculosis Pulmonalis (DURATION) 365 DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson Apts

Date Oct 10th 1906

Place of Burial 5th Reformed Cem

Date Oct 12th 1906

Undertaker St Nicolaus & Son

Address 1820 Banton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 94359 Registered No. B 94359

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Munke

{Residence, if in Baltimore, Give Street and Number.} 1404 Montpelier st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH —— 1

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Munke

(Address) 1842 Wilhelm St

Filed 10/11 1906 HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10, 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h — alive on — 190 —

and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH (Secondary or Immediate

Dilitation of Heart.

(DURATION) — DAYS

Contributory (Primary.) Senility

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 St. Paul St

Date October 10, 1906

Place of Burial Western

Date Oct 13 1906

Undertaker Woolcock

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 94360 — Registered No. B 94360

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Burns

{Residence, if in Baltimore, Give Street and Number.} 328 South Arrin st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Jno Burns

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Burns

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Track Boss

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John F Fields

(Address) 1200 W. Lombard st

Filed 10/11 1906

HARRY O. J. ANDRANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) 1 DAYS

Contributory (Primary.) Rail Road

Accident (DURATION) DAYS

(Signed) Wm Bachman M.D.

Address 700 Laf. av. (Coroner)

Date October 10th 1906

Place of Burial St. Peters Cemty

Date Oct 12th 1906

Undertaker John F Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., Baltimore.

L & A.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 94361 — Registered No. B 94361

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lorsen

{ Residence, if in Baltimore, Give Street and Number. } Marine Hospital

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ?

BIRTHPLACE (State or country): Denmark

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. T. Williams

(Address) U.S. Marine Hospital

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 10 1906

I HEREBY CERTIFY, That I attended deceased from April 1 1905 to October 10 1906 that I last saw him alive on October 10 1906, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate

Ruptured aneurysm of aorta - thoracic.

(DURATION) ... DAYS

Contributory (Primary.) Locomotor ataxia (DURATION) ... DAYS

(Signed) L. T. Williams M.D.

Address U.S. Marine Hospital

Date October 11 1906

Place of Burial Bonnie Brae

Date October 11th 1906

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — 94362 — Registered No. B 94362 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1219 W Lanvale St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Gehre

{Residence, if in Baltimore, Give Street and Number.} 1219 W Lanvale st

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: about 1876

AGE: 29 years, ___ months, ___ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ___

FULL NAME OF FATHER: ___

BIRTHPLACE OF FATHER (State or country): ___

MAIDEN NAME OF MOTHER: ___

BIRTHPLACE OF MOTHER (State or country): ___

OCCUPATION OF DECEASED: Music Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Fred Kranz

(Address) 1324 W. Lanvale St

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 11th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy —

died suddenly (DURATION) ... DAYS

Con'ributory (Primary.) Cerebral haemorhage (DURATION) ... DAYS

(Signed) Sidney Baconnin M.D.

Address Two Lap. Av. (Towson)

Date October 11th 1906

Place of Burial London Park Cem.

Date Oct. 12-1906 190 ...

Undertaker Chas. E. Franck

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94363 Registered No. B 94363

CERTIFICATE OF DEATH.

(Place of Death.) No. 1168 1180 N North Ave St. St Lukes Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Irving Wisner

{Residence, if in Baltimore, Give Street and Number.} 2118 Oak St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH June 1880

AGE 26 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Martinsburg W. Va

FULL NAME OF FATHER Charles H. Wisner

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mary E. Jackson

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H Wisner

(Address) 2118 Oak St

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-10 5-9 M 1906

I HEREBY CERTIFY, That I attended deceased from Sept-18 1906 to Oct-10 1906 that I last saw h im alive on Oct-9 1906, and that death occurred, on the date stated above, at 5-9 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Typhoid fever, Perforation of bowel & Appendicitis (DURATION) 21 DAYS

(Signed) E J Coldmd, B C Gatlin M.D.

Address 1534 Mt Royal Av 1414 Linden Av

Date Oct-10 1906

Place of Burial Druid Ridge Cem

Date October 12, 1906

Undertaker Joseph L Cook

Address 100 E Fayette St

HENRY O. T. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94364 — Registered No. B 94364

CERTIFICATE OF DEATH.

(Place of Death.) No. 861 St Peter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charles G. Creamer

{Residence, if in Baltimore, Give Street and Number.} 851 St Peter St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 5 1876

AGE: 30 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John H Creamer

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Mary E Rutter

BIRTHPLACE OF MOTHER (State or country): Frankletown Md.

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E Creamer

(Address) Mt Winans

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 9 1906

I HEREBY CERTIFY, That I attended deceased from July 27 1906 to Oct 9 1906 that I last saw h alive on Oct 8 1906, and that death occurred, on the date stated above, at 11 a M. CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever and La Grippe

10 weeks (DURATION) DAYS

Contributory (Primary.) arthritis

(DURATION) 1 DAYS

(Signed) J E Ijams M.D.

Address 855 Columbia Av

Date Oct 10 1906

Place of Burial Loudon Park

Date October 12 1906

Undertaker Jacob L Cook

Address 1003 21 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94365

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94365

City of Baltimore, (No. 1933, Frederick ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norma B Weir

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 31 1906 (Month) (Day) (Year)

AGE 2 months, 10 days (years)

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jason H Weir

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Lena Smith

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Jason H Weir

(Address) 1933 Frederick ave

Filed 10/11 1906

HARRY C. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 30 1906 to Oct 11 1906 that I last saw h er alive on Oct 5 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Inanition. Cause Premature birth. at about 6½ months

DURATION DAYS

Contributory Asphyxia

DURATION DAYS

(Signed) Geo R. Graham M. D.

Oct 11 1906 (Address) 725 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western | DATE OF BURIAL Oct 12 1906

UNDERTAKER J. E. Block | ADDRESS 1103 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

94366 Registered No. B 94366

CERTIFICATE OF DEATH.

(Place of Death.) No 1119 Rear of Patterson Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary E. Elliston

{Residence, if in Baltimore, Give Street and Number.} 1119. Rear Patterson Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Foster

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ellen McCabe

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Foster

(Address) Rear 1119 Patterson Ave

Filed 10/11 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8th 1906 to Oct 11th 1906

that I last saw h[illegible] alive on Oct 8th 1906,

and that death occurred, on the date stated above, at 4:00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Tuberculosis

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 2317 Wilkins Ave.

Date Oct 11th 1906

Place of Burial St Peters Cem-

Date Oct 12th 1906

Undertaker H Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Baltimore

B 94366

To whom it may concern

This is to certify that the cause of death on certificate No B. 94366 is erroneous. The cause of death should have been stated Bright's disease instead of Tuberculosis

C. Dann MD

Ward 11 Registered No. B 94367

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CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Deegan

{Residence, if in Baltimore, Give Street and Number.} 1006 Baltimore St Canton

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 26th 1861

AGE 45 years, 2 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Deegan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Malloy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Stevedor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Deegan

(Address) 1006 Baltimore St

Filed Oct 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 9 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190... 7½

and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull Accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k C. Carnes M.D.

Address 2229 E Baltimore St

Date Oct 10 — 1906

Place of Burial Mount Hebron Cem

Date Oct 12 1906

Undertaker J. J. KEENAN & SONS

Address S.E. Cor. Broadway & Baltimore Sts and 1700 to 1708 Canton Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94368

94368

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 Merryman's Lane St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Dahl.

{Residence, if in Baltimore, Give Street and Number.} 2 Merrymans Lane

Duration of Residence in Baltimore. 14 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR colored

DATE OF BIRTH 1

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER dont no

BIRTHPLACE OF FATHER (State or country) dont no

MAIDEN NAME OF MOTHER dont no

BIRTHPLACE OF MOTHER (State or country) dont no.

OCCUPATION OF DECEASED cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Borze

(Address) 2. Merryman ave

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 10 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 9 1906

that I last saw h-er alive on Oct 9 1906

and that death occurred, on the date stated above, at 6:45 a m

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Robt. G. Schnull M.D.

Address 424 East 25 St

Date Oct. 10 1906

Place of Burial Laurel Mm

Date Oct 12 1906

Undertaker Robert A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 — 94369 — Registered No. B 94369

CERTIFICATE OF DEATH.

(Place of Death.) No. 128 Chestnut St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Letty M. Coleman

{Residence, if in Baltimore, Give Street and Number.} 28 Chestnut St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: Mar 28 1893

AGE: 14 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Samuel Coleman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sadie Edwards

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Edwards

(Address) 1232 Edward St

Filed 10/12 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4-6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 1906

that I last saw h— alive on 1906

and that death occurred, on the date stated above, at 8-20 P. M. CAUSE OF DEATH (Secondary or Immediate) Diphtheria Intubation

(DURATION) — DAYS

Contributory (Primary)

(DURATION) — DAYS

(Signed) Benj S Hampton M.D. (Coroner)

Address 1210 N. Carolina St

Date Oct 9 1906

Place of Burial Laurel Cem

Date Oct-12 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94370

City of Baltimore, (No. 1008 Stirling St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M Gorsuch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 9 (Day) 1864 (Year)

AGE: 42 years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Jas. E. Young

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: ——— Hooper

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reuben M. Gorsuch

(Address) 1008 Stirling St

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to Oct 10th 1906 that I last saw her alive on Oct 7th 1906, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus

Approximate (DURATION) 1 Year DAYS

Contributory Exhaustion

(DURATION) ? DAYS

(Signed) Leonard M.C. Parker M. D.

Oct 10th 1906 (Address) 1051 Ausquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cem. | DATE OF BURIAL: Oct 12th 1906

UNDERTAKER: Geo. M. Fink | ADDRESS: 811 Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 94371 — Registered No. B 94371

94371

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Crimins

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1826

AGE: 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Joseph Grogan

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Telynn

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley st

Filed 10/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Oct 10 1906

and that death occurred, on the date stated above, at 3.15 p.m. CAUSE OF DEATH (Secondary or Immediate

Bronchitis

4 Days in bed (DURATION) DAYS

Contributory (Primary) Debility of age

(DURATION) DAYS

(Signed) P. A. Warner M.D.

Address 1133 Valley st

Date Oct 10 1906

Place of Burial St Vincents

Date Oct 12 1906

Undertaker H. C. Winfield

Address 914 Gwynnit Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... give ...

SEX

DATE

AGE

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94372

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94372

City of Baltimore, (No. 19 N. Broadway St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonidas Livingston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan (Month) 17 (Day) 1849 (Year)

AGE: 57 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lorenza Livingston

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Isabelle Reddesh

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Baker

(Address) 19 N. Broadway

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 10th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1906 to Oct. 10th 1906 that I last saw him alive on Oct. 9th 1906, and that death occurred, on the date stated above, at 4 a. M. The CAUSE OF DEATH was as follows:

Bilious Dysentary (DURATION) 8 DAYS

Contributory ——— (DURATION) ——— DAYS

(Signed) Wm. H. Johnson M. D.

Oct 12th 1906 (Address) 2017 E. Balto. St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Oct 12 1906

UNDERTAKER: H. Kelly Fulton

ADDRESS: 2015 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

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94373

Registered No. B.....

City of Baltimore, (No. 826 Addison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Halloran

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem	COLOR: White
DATE OF BIRTH: Informant Didnot Know (Month) (Day) Year)	
AGE: about 78 years ..... years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Irland	
FULL NAME OF FATHER: James Nolan	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Not Known	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Sheridan

(Address) 411 E. Madison St

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 10 1906 that I last saw h.. alive on Oct 10 1906, and that death occurred, on the date stated above, at 8 P M. The CAUSE OF DEATH was as follows:

Double Pneumonia (DURATION) 4 DAYS

Contributory .....

Exposure (DURATION) ..... DAYS

(Signed) H W Burns M. D.

10/11 1906 (Address) 834 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross Cemetery	Oct 12 1906
UNDERTAKER	ADDRESS
Henry Kruck & Son	1301 E Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B 94374

94374

CERTIFICATE OF DEATH.

(Place of Death.) No. 1153 Bowen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pauline C. Wilson

{Residence, if in Baltimore, Give Street and Number.} 1153 Bowen St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: August 22 1906

AGE: years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John H. Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Juengst

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Wilson

(Address) 1153 Bowen St.

Filed 10/11 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Oct 11 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 1210 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

Marasmus

DURATION 12 DAYS

Contributory (Primary) Marasmus

DURATION 2 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave

Date Oct 11 1906

Place of Burial Mt Olivet Cem

Date Oct 12 1906

Undertaker Jos. Joerdens, Son

Address 217 S. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94375 Registered No. B 94375

CERTIFICATE OF DEATH.

(Place of Death.) No. 728 S Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Pandel

{Residence, if in Baltimore, Give Street and Number.} 728 S Wolf St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1856

AGE 50 years, yrs months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. T. Dempster

(Address) 728 S. Wolf St

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 = 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthma

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Luckie M.D.

Address .....

Date Oct 12 1906

Place of Burial Mt. Carmel Cem

Date Oct 12 1906

Undertaker H. Sander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94376 Registered No. B 94376 34

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Rose, w. Forster

{ Residence, if in Baltimore, Give Street and Number. } 3134 O'Donnell st

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb. 28th 1874

AGE: 32 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Rohrig

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margaret Morris.

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: ~~House~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Foster.

(Address) 3134 O'Donnell St.

Filed 11/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1906 to Oct 10th 1906

that I last saw her alive on Oct 10th 1906,

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) DAYS

Contributory (Primary) Ectopic Gestation & rupture

(DURATION) 15 DAYS

(Signed) Ernest A. Culley M.D.

Address Church Home & I.

Date Oct 10th 1906

Place of Burial Mt. Carmel Cem

Date Oct 13 1906

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue,
S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94377

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94377

Registered No. B .....

City of Baltimore, (No. 1702 W. Pratt St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm T. Spedden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 8 1860 (Month) (Day) (Year)

AGE: 46 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Alfred S Spedden

BIRTHPLACE OF FATHER (State or country): Dorchester Co. Md

MAIDEN NAME OF MOTHER: Elizabeth Wallett

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Proprietor - Hotel

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm M. Carson

(Address) 34 S. Fulton Ave

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Oct 11 1906

that I last saw him alive on Oct 11 1906,

and that death occurred, on the date stated above, at 8.30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

probably several months. (DURATION) DAYS

Contributory Heart Failure

(DURATION) DAYS

(Signed) Edw C Burbeck M. D.

Oct 11 1906 (Address) 19 N Eden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Oct 15 1906

UNDERTAKER: Geo J Smith Co. — ADDRESS: 1[illegible] W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 94378 Registered No. B 94378

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CERTIFICATE OF DEATH.

(Place of Death.) No. 117 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth V. Daubert

{ Residence, if in Baltimore, Give Street and Number. } 117 N. Rose st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 25 1906

AGE ... years, 11 months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Louis Daubert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emma Greifbaum

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Daubert

(Address) 117 N. Rose st

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Oct 11 1906

that I last saw her alive on 11 9 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Enterocolitis

(DURATION) 15 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date Oct. 12 1906

Place of Burial Mt Carmel Cemetery

Date October 13 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94379

City of Baltimore, (No. 704 Potter Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harris Raymond Minnick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 26 (Day) 1904 (Year)

AGE: 1 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jos. J. Minnick Jr

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Isabella Hilton

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Minnick

(Address) 704 Potter ave

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct-3 1906 to Oct 11 1906

that I last saw him alive on Oct-10 1906,

and that death occurred, on the date stated above, at 6.15 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 8 DAYS

Contributory Bronchorrhea

(DURATION) 12 Hours

(Signed) J. Kelly M. D.

Oct 11 1906 (Address) 320 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Oct 13 1906
UNDERTAKER	ADDRESS
A F Phillips	1711 Aisquith

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 94380 Registered No. B 94380

CERTIFICATE OF DEATH.

(Place of Death.) No. 2941 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Nolan

{Residence, if in Baltimore, Give Street and Number.} 2941 Huntingdon Ave.

Duration of Residence in Baltimore. 46 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 23rd 1859

AGE: 47 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: John Nolan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Fahey

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Nolan

(Address) 2941 Huntingdon Ave

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) Heart Ab

(DURATION) DAYS

(Signed) Chilton Smithcum Coroner M.D.

Address 18 Pk. Charles

Date Oct 11 1906

Place of Burial Cathedral

Date Oct 13th 1906

Undertaker Gilbert F Chilton

Address 1711 Maryland ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94381

Registered No. B

City of Baltimore, (No. 514 N. Marion al st. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Jas. & Chas. & Mary Johns

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Oct (Month) 11 (Day) 1906 (Year)

AGE: ..... years, ... months, 4 hrs ~~days~~

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Chas. Johns

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Johnson

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred C. Youngard M.D.

(Address) 234 N. Gilmor

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 11 1906 that I last saw h[illegible] alive on Oct 11 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Premature birth

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. E. Beach M.D.

Oct 11 1906 (Address) 837 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Auburn

DATE OF BURIAL: Oct 12 1906

UNDERTAKER: John H. Owens & Son

ADDRESS: 1222 Druid

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94382

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

21

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94382

City of Baltimore, (No. 1250 E. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dennis P. Disney Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Jan. (Month) 29 (Day) 1882 (Year)
AGE	24 years, 8 months, 16 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Dennis P. Disney
BIRTHPLACE OF FATHER (State or country)	Balto. Md
MAIDEN NAME OF MOTHER	Mary R. Deaver
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blache Disney

(Address) 1250 E. Fayette

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Oct 10 1906 that I last saw h[illegible] alive on Oct 9 1906, and that death occurred, on the date stated above, at 1115 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 M (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Jno 2 Feltbuff M. D.

OCT 11 1906 (Address) S.E. Cor. Lafayette & Caroline Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct 12 1906
UNDERTAKER	ADDRESS
P. J. Dillon	746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 94383 — Registered No. B 94383

CERTIFICATE OF DEATH.

(Place of Death.) No. 1638 S Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Maggie Kessler

{Residence, if in Baltimore, Give Street and Number.} 1638 S Charles

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Sept 5th 1884
AGE	22 years, months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widow
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Smith
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Mary Forester
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Forrester

(Address) 1268 Riverside Ave

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10th 1906

I HEREBY CERTIFY, That I attended deceased from April 18th 1906 to Oct 10th 1906

that I last saw h alive on Oct 9th 1906

and that death occurred, on the date stated above, at 3:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 8 Months DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) T J O'Donnell M.D.

Address 1340 S Charles

Date Oct 11th 1906

Place of Burial New Cathedral

Date October 13th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94384

City of Baltimore, (No. 717 W Baare St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Anna Daniel

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Aug Kelser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Aug Daniel

(Address) 717 W Baare St

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Oct 11th 1906

that I last saw h Er alive on Oct 10th 1906.,

and that death occurred, on the date stated above, at ——

M. The CAUSE OF DEATH was as follows:

Gastric & intestinal Catarrh with old age and General Debility

3 or 4 weeks (DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) E. F. Mulholland M. D.

1906 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross A.A. Co — DATE OF BURIAL: Oct 13 1906

UNDERTAKER: Jos. Stumbrodt — ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, or to the Coroner, when the case comes under his notice, to furnish within

Ward 24 94385 Registered No. B 94385

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1524 Riverside ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Edith Plaine

{Residence, if in Baltimore, Give Street and Number.} 1524 Riverside ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH August 4 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George W. Plaine

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Ida Jo Rodgers

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Rosa L Plaine

(Address 1524 Riverside ave

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 10th 1906 that I last saw h[illegible] alive on Oct 9th 1906 and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 2 wks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. O'Donnell M.D.

Address 1340 S Charles

Date Oct 11th 06. 1906

Place of Burial Leeds Mills

Date October 13 1906

Undertaker John E Ehrens & Co

Address 1428 S Charles St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94386 Registered No. B 94386 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W. Wilson.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/12 1906 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 15 1906 to Oct 11 1906

that I last saw h. in alive on Oct 11 1906

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Shie M.D.

Address Bay View Hospital

Date Oct. 11 1906

Place of Burial .....

Date 190

Undertaker William H. Woodson

Address 1511 Aiken St

JOHNS HOPKINS HOSPITAL
OCT 13 1906
BUREAU OF ADDRESS
PERMIT CLERK.
FOR AUTOPSY ONLY

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2/5/2

Ward 17 94387 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 Cortland St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name George N. Parker

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mall | COLOR: Black

DATE OF BIRTH: 1

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Lexington Va

FULL NAME OF FATHER: Marshall Parker

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucia Parker

(Address)

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Oct 11th 1906 that I last saw h[illegible] alive on Oct 10th 1906, and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 4 yrs

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. D. Lightner M.D.

Address 711 W. Lanvale

Date Oct 11th 1906

Place of Burial

Date 190

Undertaker

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

25-2

Ward 9 V

94388 Registered No. B 94388

120

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Gasoway

{ Residence, if in Baltimore, Give Street and Number. } 15 E. Hughes St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR B.

DATE OF BIRTH ..... 1 .....

AGE 50 years ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address .....

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Oct 8th 1906 that I last saw him alive on Oct 8th 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Hy Isostatic Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Chronic Interstitial Nephritis ..... (DURATION) ..... DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date October 8th 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 10 1906 190 ..

HARRY G. ANDREWS, PERMIT CLERK.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

25

Ward 4 — 94389 — Registered No. B 94389

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elizabeth L. Gordon

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Mul.

DATE OF BIRTH: April 26 1905

AGE: 1 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amos W. Chapman

(Address) 2005 Madison Ave

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Oct. 11 1906 that I last saw her alive on Oct 10 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Pulm. Edema

(DURATION) 1 DAYS

(Signed) Amos W. Chapman M.D.

Address 2005 Madison Ave

Date Oct. 11 1906

Place of Burial

Date 190

Undertaker

Address Howell's Department

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

2 5 13

Ward 4 — 94390 — Registered No. B 94390

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name A. Wallace Jones

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mul.

DATE OF BIRTH: May 20 1906

AGE: ..... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexis McGuinness

(Address) 2005 Madison Ave.

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 16 1906 to Oct. 11 1906 that I last saw h[illegible] alive on Oct. 10 1906, and that death occurred, on the date stated above, at 8 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 4 mos. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexis McGuinness M.D.

Address 2005 Madison Ave

Date Oct. 11 1906

Place of Burial

Date 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 94391 Registered No. B 94391

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1107 S. Robinson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Paul F. Baumfeld

{Residence, if in Baltimore, Give Street and Number.} 1107 S. Robinson pl

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 4th 1905

AGE 1 years, 6 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Baumfeld.

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Katie Brown.

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Baumfeld.

(Address) 1107 Robinson St.

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Oct 9th 1906

that I last saw him alive on Oct 9th 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 6 DAYS

(Signed) W.W. Jones M.D.

Address 3116 O'Donnell st

Date October 12 1906

Place of Burial Mt. Carmel

Date Oct. 12 1906

Undertaker HENRY SAUDER & SONS.

Address S. E. Cor Broadway & Baltimore Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V 94392 Registered No. B 94392 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 809 S Amm's St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Victoria Goreka

{Residence, if in Baltimore, Give Street and Number.} 809 S. Amm's

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 23 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Anton Bolte
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rosa Bosnuska
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Goreka

(Address) 809 S. Amm St

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at —M.

CAUSE OF DEATH (Secondary or Immediate)

Burned to Death (accidental inhalation of oil flame)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Snider M.D.

Address 328 E Pleasant St.

Date Oct 12 1906

Place of Burial H Harrisons,

Date Oct 12 — — 1902

Undertaker M F. Sadowski

Address 703 S. Amm St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94393
184

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94393

Registered No. B.....

City of Baltimore, (No. 731 Reservoir St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgiana A. V. Shaw

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 22nd 1829 (Month) (Day) (Year)
AGE	77 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Samuel H. Shaw
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Jane B. Jenne.
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex. W. Sherger M.D.

(Address) 25 N. Preston St.

Filed 10/12 1906 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1906 to Oct 11th 1906

that I last saw h.r alive on Oct 11th 1906

and that death occurred, on the date stated above, at 11 Ea. M. The CAUSE OF DEATH was as follows:

Acute Indigestion.
Shane attended her for 35 years, was blind, F. Helpless - unable to exercise, Last seen attending her several days from absence in Car

DURATION DAYS

Contributory .....

DURATION DAYS

(Signed) Alex. W. Sherger M. D.

10-12- 1906 (Address) 25 N. Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount	Oct 13 1906
UNDERTAKER	ADDRESS
Henry W. Mears & Sons	805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMEN[illegible] of Baltimore.

Ward 9th

94394

Registered No. B 94394

CERTIFICATE OF DEATH.

(Place of Death.) No. 131 Windemere Ave

Full Name Charlotte Ida Edwards St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

{Residence, if in Baltimore, Give Street and Number.} 131 Windemere Ave

Duration of Residence in Baltimore. 33 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Nov 19th 1810

AGE 55 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER J. Henry Wilson

BIRTHPLACE OF FATHER (State or country) Georgetown D.C.

MAIDEN NAME OF MOTHER Marcelene V Jennings

BIRTHPLACE OF MOTHER (State or country) Norfolk Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Edwards

Address 131 Windemere Ave

Filed 10/12 6

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 10th 1906

that I last saw h[illegible] alive on Oct 10th 1906

and that death occurred, on the date stated above, at 6.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia & coma

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 2 DAYS

(Signed) Hamilton V. Brown M.D.

Address 113 Gorsuch Ave

Date Oct. 16 1906

Place of Burial Loudon Park Cemetery

Date Oct. 13, 1906

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married, single, widowed or divorced), **birthplace, occupation, residence, cause and date of death**

Ward ..... 94395 Registered No. B 94395

151

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Cyzusky

{Residence, if in Baltimore, Give Street and Number.} 1123 Biny Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 10 1906

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wenkezarsky.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Marecka.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M F. Sadowski.

(Address) 703 S. Ann St

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 11 1906

that I last saw h.. alive on Oct 11 1906,

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth. (7 mo. foetus)

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Oct 12 '06 190

Place of Burial St Stanislaus.

Date Saturday Oct 13" 1906

Undertaker M F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94396 Registered No. B 94396

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 811 Watercourt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oscar Lewis

{ Residence, if in Baltimore, Give Street and Number. } 811 Watercourt St

Duration of Residence in Baltimore. Twenty-five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: unknown 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Lewis

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bryan

(Address) 824 Monroe St.

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

about three mos. (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave.

Date Oct. 12 m 190..

Place of Burial Laurel Cemetery

Date October 13th 190.6

Undertaker Felix B Pyle.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94397 Registered No. B 94397

CERTIFICATE OF DEATH.

Place of Death.) No. in Patrol Wagon between Union Station and St. City Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Lucas

{ Residence, if in Baltimore, Give Street and Number. } Harwood Md

Duration of Residence in Baltimore... two months

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR Black

DATE OF BIRTH .....

AGE 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jas F Hinchey

Address Harwood Md

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11 1906

I HEREBY CERTIFY, That I attended deceased from Sudden 190 to death 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock

Concussion of brain

& Crushed body

(DURATION) DAYS

Contributory (Primary.) accidental Patrol wagon

(DURATION) DAYS

(Signed) Benj. F. Hinchey M.D.

Address 216 E. Camden St

Date Oct. 12 1906

Place of Burial Harwood Md

Date Oct 12 1906

Undertaker Wm Carpenter Son

Address Catonsville Md

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 14 94398 Registered No. B 94398

CERTIFICATE OF DEATH.

157

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen White

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Infant Asylum

Duration of Residence in Baltimore. Since Born

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept 24 1906

AGE — years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) St. H. I. Asy.

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Oct 11 1906 that I last saw h— alive on Oct 11 1906, and that death occurred, on the date stated above, at 10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Mann M.D.

Address 1232 N Carroll

Date 10 — 12 — 1906

Place of Burial New Cathedral

Date Oct. 12 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94399 Registered No. B 94399

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name James Hoffman Hawkins

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W
DATE OF BIRTH	Aug 30 1906
AGE	___ years, 1 month, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	[illegible]
BIRTHPLACE OF FATHER (State or country)	[illegible]
MAIDEN NAME OF MOTHER	[illegible]
BIRTHPLACE OF MOTHER (State or country)	[illegible]
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Oct 11 1906

that I last saw h[illegible] alive on Oct 11 1906

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DA

Contributory (Primary)

(DURATION) DA

(Signed) E. [illegible]

Address 1237 N. Carlin[illegible]

Date 10/12 190[illegible]

Place of Burial New Cathedral

Date Oct. 12 19[illegible]

Undertaker Martin Gahy & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94400 Registered No. B 94400 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Maher

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Inf. Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Sept. 24, 1906

AGE — years, — months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ✓

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Jan~~ Oct. 11, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Oct 11 1906 that I last saw h[e] alive on Oct 10th 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J. H. B. Seegar M.D.

Address 1529 Park Ave

Date Oct 12th 1906

Place of Burial New Cathedral

Date Oct 12th 1906

Undertaker Marten Tabler & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 10 — 94401 — Registered No. B 94401 (93)

CERTIFICATE OF DEATH.

(Place of Death.) No. 410 W. 29th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Arnold

{Residence, if in Baltimore, Give Street and Number.} 410 W. 29th Street

Duration of Residence in Baltimore. 1 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L Bowers

(Address) Hyattsville Md

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 7 1906 to Oct. 11 1906 that I last saw h[er] alive on October 11 1906, and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 3 DAYS

(Signed) L. A Richardson M.D.

Address 112 W. 25th St

Date October 11th 1906

Place of Burial Reisterstown M.E. Cem

Date Oct. 13. — 1906.

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 94402 — Registered No. B 94402

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles E. Martin

{Residence, if in Baltimore, Give Street and Number.} 447 Pinckney Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Feby 2nd 1860

AGE: 48 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John T Martin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Gooden

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/12 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 11 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Oct 11 1906 that I last saw h alive on Oct 11 1906, and that death occurred, on the date stated above, at 7.4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Walter D Wise M.D.

Address Bay View Asylum

Date Oct 12 1906

Place of Burial St Marys Hampden

Date Oct 14 1906

Undertaker Lowbrook

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE

94403

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94403

Registered No. B

City of Baltimore, (No. 616 Elm ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles F Heberle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 19 (Month) (Day) 1837 (Year)

AGE: 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Charles Heberle

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. A. Heberle

(Address) 616 Elm ave.

Filed 10/12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 11 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Oct 11 1906

that I last saw h[e] alive on Oct 8th 1906,

and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 2 DAYS

Contributory Ignation (DURATION) DAYS

(Signed) H C Allyn M. D.

Oct 12 1906 (Address) 340 Roland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampden — DATE OF BURIAL: Oct 14 1906

UNDERTAKER: Wm E. Chenoweth — ADDRESS: 919 3rd ave Hampden

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 94404 — Registered No. B 94404

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Francis McGirr

{Residence, if in Baltimore, Give Street and Number.} 917 E Eager

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Don't Know — 1861

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Florist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary McGirr

(Address) 917 E Eager

Filed 10/12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12th, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1906 to Oct 11 1906

that I last saw him alive on Oct 11 1906

and that death occurred, on the date stated above, at 3.50 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion from inability to take and digest supposed food and leucemia.

That I know of (DURATION) 21 DAYS

Contributory (Primary) Cancer, face

(DURATION) 21 DAYS

(Signed) Mark E. Brown M.D.

Address 926 E. Eager St

Date Oct 12th, 1906

Place of Burial St. Vincent

Date Oct 15 1906

Undertaker Robt J Turner

Address Bray Station

W. M. C. BULLEY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death*.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94405

City of Baltimore, (No. 5576 W. Gay St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Teresa Augusta West

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	August (Month) 28 (Day) 1887 (Year)
AGE	17 years, 1 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Bernard West
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Elizabeth Graham
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary West

(Address) 5576 Gay St.

Filed 10/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 2 1906 to Oct. 12 1906

that I last saw her alive on Oct 12 1906,

and that death occurred, on the date stated above, at 6.20 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 Mos.

Contributory

Exhaustion (DURATION) 5 DAYS

(Signed) P. C. Lilly M. D.

Oct 13 1906 (Address) 207 Lombard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Oct 15 1906

UNDERTAKER Henry Hockerson

ADDRESS 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 96 — 94406 — Registered No. B 94406

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 N. Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William R. Abresch

{Residence, if in Baltimore, Give Street and Number.} 1601 N Regester st

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Jan. 28th 1876
AGE	30 years, 9 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Louis Abresch
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Helena Abresch
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Typesetter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helena Abresch

(Address) 1601 N. Regester St

Filed 10/13 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 25th 1906 to Oct. 12th 1906.

that I last saw him alive on Oct. 7th 1906.

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Hemorrhage

(DURATION) 1/2 Days

Contributory (Primary) Phthisis Pulmonalis (DURATION) 6 mos DAYS

(Signed) A. Hensel, M.D.

Address 1103 Valley St.

Date Oct. 12th 1906

Place of Burial Emanuel Cemetery

Date Oct 15 1906

Undertaker Louis Heemann

Address 6 E Lanvale St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 94407 — Registered No. B 94407

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 E. Pratt St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm Geo. Bowie

{Residence, if in Baltimore, Give Street and Number.} 1808 E Pratt.

Duration of Residence in Baltimore. Life 58 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Feby 27 — 1834

AGE: 72 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): London, Eng.

FULL NAME OF FATHER: Fred Wm. Bowie

BIRTHPLACE OF FATHER (State or country): London, Eng.

MAIDEN NAME OF MOTHER: Sarah Ann Thorne

BIRTHPLACE OF MOTHER (State or country): London, Eng

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernest L. Bowie

(Address) 6 N. Bradey

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1906

I HEREBY CERTIFY, That I attended deceased from March 1st 1906 to oct 11 1906

that I last saw h wife alive on oct 10 1906

and that death occurred, on the date stated above, at 3 45 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Bright's Disease of the Kidneys

and Val Disease of the Heart - Acute Uremia -

Local Gangrene of Legs - (DURATION) DAYS

Contributory (~~Primary~~) Asphyxia

About 2 Years (DURATION) ~~DATE~~

(Signed) Geo L. Mettins M.D.

Address 6 N. Broadway.

Date oct. 12 1906

Place of Burial Balto Cem

Date Oct 13. 1906

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19

94408 Registered No. B 94408

CERTIFICATE OF DEATH.

(Place of Death.) No. 241. S. Stricker St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca A. Clark.

{ Residence, if in Baltimore, Give Street and Number. } 241. S. Stricker St.

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

COLOR: white

DATE OF BIRTH: 1827

AGE: 79 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: widow

BIRTHPLACE (State or country): Ellicott City Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sewell Clark

(Address) 241 S Stricken St

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12. 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Oct 12 1906

that I last saw h[illegible] alive on 11 1906

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

Last attack (DURATION) 27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward K. Condon M.D.

Address 1403 W Fayette St.

Date Balto Oct. 12 1906

Place of Burial Western Cemetery

Date October 15th 1906

Undertaker Wm B. Brothers

Address 231 S Stricken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 94409 — Registered No. B 94409

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 16 N Caroline St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elisabeth Rauch

{Residence, if in Baltimore, Give Street and Number.} 16 N Caroline st

Duration of Residence in Baltimore. 62 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: March 26 1825

AGE: 81 years, 6 months, 16 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: — Wehn

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elisabeth Sapp

(Address) 16 N. Caroline St

Filed 10/13 1906

Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 12 1906

that I last saw h— alive on Oct 11 1906

and that death occurred, on the date stated above, at 3 A M. CAUSE OF DEATH (Secondary or Immediate)

Senility

Pulmonary Congestion

5 days (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Chas F Blake M.D.

Address 1523 E Balto St

Date Oct 12 1906

Place of Burial Baltimore Cemetery

Date Oct. 15 1906

Undertaker Chas. E. Frame

Address 746 N. Eutaw St.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Chas F Blake
1523 E. Balto. St

WM. J. C. DULANY CO., BALTIMORE

Ward 7 — 94410 — Registered No. B 94410

CERTIFICATE OF DEATH.

(Place of Death.) No. 1212 W Cross St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklin F Banks

{ Residence, if in Baltimore, Give Street and Number. } 1212 W Cross St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 12 1851

AGE 55 years, 3 months, 29 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Banks

BIRTHPLACE OF FATHER (State or country) Westminster Md

MAIDEN NAME OF MOTHER Mary A. Carr

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Produce Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret High

(Address) 26 N Bilmore St

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Oct 11 1906 that I last saw him alive on Oct 11 1906, and that death occurred, on the date stated above, at 12.20

M. CAUSE OF DEATH (Secondary or Immediate)

Dysentary

(DURATION) 31 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 31 DAYS

(Signed) Augustus M.D.

Address 732 W Mulberry St

Date Balto Oct 12th 1906

Place of Burial Western

Date Oct 13 1906

Undertaker J a B Cook

Address 1003 Madison St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B 94411

94411

CERTIFICATE OF DEATH.

(Place of Death.) No. 137 n Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles J Schlee

{Residence, if in Baltimore, Give Street and Number.} 137 n Glover St

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 1st 1906

AGE: — years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Schlee

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margereth Schlee

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs John Schlee

(Address) 133 N. Glover St

Filed 10/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 11 1906

that I last saw him alive on 11 11 1906,

and that death occurred, on the date stated above, at 9.45 P.M.

CAUSE OF DEATH (Secondary or Immediate)

meningitis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton Ave

Date Oct. 13 1906

Place of Burial St Mathai Cem

Date Oct 14th 1906

Undertaker St Nicolaus & Son

Address 1820 Eastonave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person

Ward 0

Registered No. B 9412

9412

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 N. Duncan Alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Cada

{ Residence, if in Baltimore, Give Street and Number. } 229 N Duncan alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 3 1906

AGE: ..... years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Fred Cada

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Fulema Stoli

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Cada

(Address) 229 N Duncan st.

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12th 1906

I HEREBY CERTIFY, That I attended deceased from October 7th 1906 to Oct 12th 1906

that I last saw him alive on Oct 12th 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Catarrhal

Convulsions

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Chas. B. Fiedler M.D.

Address 830 N Broadway

Date Oct 13th 1906

Place of Burial Holy Redeemer

Date Oct 14 1906

Undertaker Frank Smith

Address 1904 Eastern Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94413

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94413

City of Baltimore, (No. 852, Stockholm St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Wells

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Jan (Month) (Day) 1876 (Year)
AGE	28 years, 7 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Robert Wells
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Hannah
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wells

(Address) 852 Stockholm St

Filed 10/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 12 1906

that I last saw him alive on Oct 12 1906,

and that death occurred, on the date stated above, at 5 p.m. The CAUSE OF DEATH was as follows:

Typhoid fever

(DURATION) 12 DAYS

Contributory (DURATION) DAYS

(Signed) D Gaultgoth M.D.

Oct 13 1906 (Address) 854 N. Bedle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death? Oct 12 1906

PLACE OF BURIAL OR REMOVAL Loud Green Stat Balti-al Mount Jean Cemetery

DATE OF BURIAL Oct 14 1906

UNDERTAKER Felix B Pyle

ADDRESS 109 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94414

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94414

City of Baltimore. (No. 871 Linden Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah Warren

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 90 years, about. months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Mrs Mary E Davis

(Address): 871 Linden ave

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 12 1906

that I last saw h-- alive on Oct 10 1906

and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory ..... (DURATION) DAYS

(Signed) Edward Janney M. D.

Oct 13 1906 (Address) 833 W. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Oct 14th 1906

UNDERTAKER: Felix B. Dyer

ADDRESS: 112 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 — 94415 — Registered No. B 94415

CERTIFICATE OF DEATH.

(Place of Death.) No. #410 N. Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Lutsch

{ Residence, if in Baltimore, Give Street and Number. } #410 N. Ann St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 9th 1878 1
AGE	27 years, 11 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. City
FULL NAME OF FATHER	John G. Lutsch
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Barbara Eckartt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Groceman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Lutsch

(Address) 410 N. Ann St.

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1906

I HEREBY CERTIFY, That I attended deceased from Febr, 1906 to Oct, 11 1906 that I last saw him alive on Oct - 11 1906, and that death occurred, on the date stated above, at 5 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary) Myocarditis

(DURATION) 8 months

(Signed) Pierre G. Dausch M.D.

Address 121. Jackson Square

Date Oct. 12 1906

Place of Burial Mount Carmel Cemetery

Date 10/14/06 1906

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9446

City of Baltimore, (No. 1228 Parish alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Guarnelo

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Colored

DATE OF BIRTH: Unknown 1 (Month) (Day) Year)

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Gen. Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brown

(Address) 1218 Parish alley

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 11th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Dyspnoea & exhaustion

about four mos. (DURATION) ..... DAYS

Contributory Bright's disease (DURATION) ..... DAYS

(Signed) Silas Baldwin, (Comm.) M. D.

Oct. 12th 1906 (Address) 700 Log. ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lambs Cem.	Oct 14 1906
UNDERTAKER	ADDRESS
R L Parham	1213 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

Ward 22 — 94417 — Registered No. B 94417

CERTIFICATE OF DEATH.

(Place of Death.) No. 318 S. Paca " St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Sowers

{Residence, if in Baltimore, Give Street and Number.} 318 S. Paca "

Duration of Residence in Baltimore. 50 Jears

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: Oct 11 1836

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Gamony

FULL NAME OF FATHER: John Roth

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George J G Sowers

(Address) 318 S Paca St

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12" 1906

I HEREBY CERTIFY, That I attended deceased from May 14 1906 to Oct. 12 1906

that I last saw her alive on Oct. 11, 1906

and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hydronephrosis

(DURATION) 150 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Tumpkin M.D.

Address 653 Columbia Ave

Date Oct. 13, 1906

Place of Burial Loudon Park Cy

Date Oct 13 1906

Undertaker Jos. Sowers. Sons

Address 217 S. Paca "

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94418 Registered No. B 94418

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1717 Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Himberle

{ Residence, if in Baltimore, Give Street and Number. } 1717 Lemmon st

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tatoer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1200 N. Gonstand

Filed 10/13 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to October 13 1906 that I last saw him alive on October 11 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

about two years (DURATION) ..... DAYS

Contributory (Primary) Prostration (DURATION) 4 weeks DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 419. S. Paca st.

Date October 13 1906

Place of Burial New Cathedral.

Date Oct. 15th 1906

Undertaker John D Fields

Address 1200 N. Gonstand st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94419

City of Baltimore, (No. 232 S. Fulton Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel S. Young,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... (Month) ..... (Day) 1870 (Year)

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William [illegible]

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Rebecca Young

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Flint worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John B. Fields

(Address) 1201 W. Lombard

Filed 10/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 12th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1906 to Oct. 12th 1906

that I last saw him alive on Oct. 12th 1906,

and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Pthisis Florida

about 8 wks (DURATION)

Contributory Asthenia (DURATION) 30 DAYS

(Signed) R. A. Warner M. D.

10/13 1906 (Address) 873 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mount Olivet | DATE OF BURIAL: Oct 14th 1906

UNDERTAKER: John B. Fields | ADDRESS: 1201 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 94420 — Registered No. B 94420

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 Brunt St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Eliza Jackson

{Residence, if in Baltimore, Give Street and Number.} 2014 Brunt st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — 1856

AGE: 50 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Anne Arundel Co. Md.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Jackson

(Address) 2014 Brunt St.

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 11th 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Oct 11th 1906

that I last saw h[illegible] alive on Oct 10 1906,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma Dropsy

4 months (DURATION) 20 DAYS

Contributory (Primary) Heart

4 months (DURATION) 20 DAYS

(Signed) Dr. W. Kennard M.D.

Address 707 Ensor st

Date Oct 12" 1906

Place of Burial Magothy A. A. Co. Md.

Date October 14, 1906

Undertaker Alexander Hemsley

Address 578 N. Biddle Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14

Registered No. B 94421

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Hasenbaly

{ Residence, if in Baltimore, Give Street and Number. } 2131 Madison Ave

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	W.

DATE OF BIRTH — 1

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) himself

(Address)

Filed 10/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1906

I HEREBY CERTIFY, That I attended deceased from 10/1 1906 to 10/12 1906

that I last saw h.. alive on Oct 12 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.) Typhoid fever (DURATION) — DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date Oct 12 1906

Place of Burial Balto Cem.

Date Oct. 14th 1906

Undertaker G. F. Walker

Address 723 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94422

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 East Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Fordmer Detrier

{Residence, if in Baltimore, Give Street and Number.} 104 East Biddle Street

Duration of Residence in Baltimore. 38 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 27 1837

AGE 77 years, 7 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Frederick Co Md

FULL NAME OF FATHER Phillip H Detrier

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eliza Corrie

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H Detrier

(Address) Ruxton Balto Co.

Filed 10/13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 12 1906

that I last saw h[illegible] alive on Oct 12 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Hemiplegia (DURATION) 3 DAYS

Contributory (Primary.) Arterio Sclerosis (DURATION) years DAYS

(Signed) H Warren Buckler M.D.

Address 606 Cathedral St

Date October 12 1906

Place of Burial London Park

Date Oct 15th 1906

Undertaker Henry W. Jenkins & Son Co

Address N 253 Saratoga St. W

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 9423 Registered No. B 9423

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 Whatcoat Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Jones

{ Residence, if in Baltimore, Give Street and Number. } 1101 Whatcoat St.

Duration of Residence in Baltimore. 18 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Unknown

AGE About 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Elam Carey

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Nancy Jones

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Burch

(Address) 1107 Dolphin Ave

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14, 1906 to Oct 11, 1906 that I last saw her alive on Oct 11 1906, and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis with Marked Enlargement of Liver. (DURATION) 40 DAYS

Contributory (Primary.) Aortic Regurgitation (DURATION) 4½ DAYS

(Signed) Wm. H. Taylor M.D.

Address 1373 N. Carey St.

Date October 12 1906

Place of Burial Laurel Cemetery

Date Oct 15, 1906

Undertaker J. C. Burch

Address 1107 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 94424 Registered No. B 94424

CERTIFICATE OF DEATH.

(Place of Death.) No. 1207 Biddle St (East) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ward

{Residence, if in Baltimore, Give Street and Number.} 1207 E Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm Ward

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Maggie Murphy

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Ward

(Address) 1207 E. Biddle St

Filed 10/13 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from ~~1900~~ to ~~1900~~

that I last saw h~~im~~ alive on ~~1900~~,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsion

Judgen

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Oct 13 — 06 1906

Place of Burial Cathedral

Date Oct 13 — 1906

Undertaker H. C. Windefeld

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9445

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

157

CERTIFICATE OF DEATH. 9445

Registered No. B.....

City of Baltimore, (No. 219 E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jesse Jessie B. Conway

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 3 1906 (Month) (Day) (Year)

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jesse B. Conway

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Paulin Miller

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 212 E Pratt St.

Filed Oct 13 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Octob 12 1906 that I last saw him alive on Oct 12 1906, and that death occurred, on the date stated above, at 330 A.M. The CAUSE OF DEATH was as follows:

Congenital debility.

(DURATION) 10 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Alex. T. Vonkhmly M. D.

Oct. 13 1906 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St. Alphonsus Cemetery | DATE OF BURIAL: Oct. 13 1906

UNDERTAKER: Henry Hockshire | ADDRESS: 1301 E. Eager St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1015 Hillen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Cohen

{Residence, if in Baltimore, Give Street and Number.} 1015 Hillen St.

Duration of Residence in Baltimore. Life

B 9426

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Aug. 24 1906

AGE 0 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Charles Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosie ~~Leh~~ Saltz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Cohen

(Address) 1015 Hillen st

Filed Oct 13 1906

Registrar

F. X. L

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from 10th Oct. 1906 to 12 Oct. 1906

that I last saw him alive on 1906,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Collenberg M.D.

Address 1810 E Baltimore St

Date Oct. 13 1906

Place of Burial Philip Rd Ebenezer

Date Oct 13 1906

Undertaker Max Levinson

Address 1138 Low st.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de... U... give... "S...

SEX

DATE

AGE

SINGL... WID...

BIRTH... (State...

FULL... OF FA...

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(Inform...

Filed Oct 2...

Ward W

Registered No. B 94427

CERTIFICATE OF DEATH.

(Place of Death.) No. 656 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vettie Henderson

{Residence, if in Baltimore, Give Street and Number.} 656 W Baltimore St.

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W Cute

DATE OF BIRTH: Oct - 12 th 1906

AGE: ___ years, ___ months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Harry T Henderson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Vettie Henderson (nee Abenbach)

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry T Henderson

(Address) 656 W. Baltimore St.

Filed Oct 18th 1906.

HARRY O. ANDREWS, Registrar

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 13 1906

that I last saw h[illegible] alive on Oct 12 1906,

and that death occurred, on the date stated above, at 9 a m

A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
(7½ Months)

(DURATION) 1 DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) Duncan MacLennan M.D.

Address 110 W Madison St

Date Oct 13 1906

Place of Burial Cedar Hill

Date October 14th 1906

Undertaker Wm H. Gaunt[illegible]

Address 201 N. Matt[illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94428

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94428

City of Baltimore, (No. 2613 Benard St.; 12th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Charles Dei

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 11th (Day) 1903 (Year)

AGE: 3 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Joseph A. Dei

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Mary H. Rist

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. A. Dei

(Address) 2613 Bernard St

Filed Oct 14 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 11 1906 to Oct. 13 1906 that I last saw him alive on Oct. 13 1906, and that death occurred, on the date stated above, at 5.40 a.m. The CAUSE OF DEATH was as follows:

Cellulitis of the arm + shoulder

(DURATION) 4 DAYS

Contributory Hyperpyrexia

(DURATION) ..... DAYS

(Signed) Harrison F. Cooper M. D.

1906 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Alphonsus Cemetery

DATE OF BURIAL: Oct 15 1906

UNDERTAKER: Henry Hoede Son

ADDRESS: 1301 E. Eager St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10

94429 Registered No. B 94429

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1031 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Huth

{Residence, if in Baltimore, Give Street and Number.} 1031 N. Central ave.

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 82 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Adams Huth

(Address)

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 - 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 to 190

that I last saw h... alive on ..... 190...,

and that death occurred, on the date stated above, at 8 ....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carrillo M.D.

Address Coroner Wards

Date Oct 13-06 190

Place of Burial Holy Redeemer Cemetery

Date Oct. 16 190 6

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94430 Registered No. B 94430

56

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give Its Name instead of Street and Number)

Full Name Sarah Bartlestein

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1.

AGE 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Oct 14 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8. 1906 to Oct 13 1906

that I last saw h[illegible] alive on Oct 13 1906

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate

Chronic Alcoholism

Chronic diffused

Nephritis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) Walter D. Steil M.D.

Address Bay View Hospl.

Date Oct. 13 1906

Place of Burial New Methodist

Date Oct. 15th 1906

Undertaker Trundle Lippe & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 9431 — Registered No. B 9431

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 805 S. Bond Should be 905 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Le Cagigi Pribbs

{Residence, if in Baltimore, Give Street and Number.} 805 S. Bond St.

Duration of Residence in Baltimore. Eighteen

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: Dec 9 1891

AGE: 15 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Anton Pribis

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Pilichowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Pribis

(Address) 805 S. Bond St

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14/13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 13 1906

that I last saw her alive on Oct 10 1906,

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. G. [illegible] M.D.

Address 2100 E. Monument

Date Oct. 14 1906

Place of Burial St Stanislaus.

Date Tuesday Oct 16 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd

Registered No. B 94432

CERTIFICATE OF DEATH.

(Place of Death.) No. 2102 Cambridge st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jakob Nowak

{Residence, if in Baltimore, Give Street and Number.} 2102 Cambridge st

Duration of Residence in Baltimore. 26 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 30 1852

AGE: 54 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Thomas Nowak

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Nowak

(Address) 800 S. Ann st

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to October 9 1906 that I last saw him alive on October 9 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 1 Year DAYS

Contributory (Primary) Bronchitis

Pulmonis (DURATION) 6 M DAYS

(Signed) S. J. Szuniewicz M.D.

Address 722 S. Ann st

Date October 13 1906

Place of Burial St Stanislaus

Date ~~Monday~~ Oct 15 1906

Undertaker M. F. Sadowski

Address 753 S. Ann st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

BE IT REMEMBERED, That on this 26 day of October A. D. 1906

before me, the subscriber, a Justice of the Peace B94432

of the said State, in and for the City aforesaid, personally appeared Aaron Noveck

to me personally known

and made oath in due form of law that the said deceased abraham J Noveck

is abraham Jacob Noveck. And the names of the

parents are Isreal Noveck And Roebul Noveck.

And he the said Aaron Noveck is a brother

of the deceased abraham Jacob Noveck.

Simon Dreher J.P.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94433

City of Baltimore, (No. 2401, Maryland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabelle Wilson Colman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W White

DATE OF BIRTH: Nov (Month) [illegible] (Day) 183[illegible] (Year)

AGE: 74 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~S~~ Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robt Wilson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ma M Wilson

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt Gill Booth

(Address) 3023 St Paul

Filed Oct 14 1906 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octo. (Month) 13th (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Octo 13th 1906

that I last saw her alive on Octo 13 1906,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Senility (Hastened by Fractured Femur)

(DURATION) 60 DAYS

Contributory Deterioration of Coronary

(DURATION) 3 DAYS

(Signed) Thomas J Abell M. D.

Oct 14th 1906 (Address) 2505 Pennsylvania Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Green Mount	Oct 15 1906
UNDERTAKER	ADDRESS
C M Metcalf Co	2211 Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of [illegible]

Ward 10 94434 Registered No. B 94434

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1509 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Stewart

{Residence, if in Baltimore, Give Street and Number.} 1509 W. Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Oct 12 1906	
AGE ____ years, ____ months, 1 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John Stewart
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Mary Wise
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	None
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
(Informant) Mary Stewart	
(Address) 1509 W. Balto St	
Filed Oct 14 1906 Registrar	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from On Oct 13 1906 to ____ 190____

that I last saw him alive on Oct 13 1906.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Pseudotuberculosis Lienalis

This case was about 4- or 4½ months backward in pregnancy (DURATION) 1 DAYS

Contributory (Primary.) Asthenia

(DURATION) ____ DAYS

(Signed) John C. Pound M.D.

Address 130 W. Lombard St

Date Oct 13 1906

Place of Burial Loudon Park Cem

Date Oct 14 1906

Undertaker Crowley Bros

Address 251 N. Fulton Ave 1509 W. Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward 7 — 94435 — Registered No. B 61435

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 840 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matthew Parker

{Residence, if in Baltimore, Give Street and Number.} 840 S. Eutaw (Parker)

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Matthew King

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Commutr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Parker

(Address) 840 S Eutaw St

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 28 1906 to Oct 11 1906

that I last saw her alive on Oct 10 1906,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

A. D. Thomas (DURATION) About 2 weeks DAYS

Contributory (Primary.) Tom Smith

(DURATION) DAYS

(Signed) A. D. Thomas M.D.

Address #1125 Druid

Date Oct 12 1906

Place of Burial Mt Auburn

Date Oct. 14 1906

Undertaker Geo N. Frazier

Address 502 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward I 94436 Registered No. B 94436

CERTIFICATE OF DEATH.

81

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Germack

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1836

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City, Md

FULL NAME OF FATHER: John Seiler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM

(Address) Lamar Hollyday, Supt.

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12, 1906.

I HEREBY CERTIFY, That I attended deceased from Sept. 21. 1906 to Oct. 12. 1906

that I last saw h er alive on Oct. 12. 1906

and that death occurred, on the date stated above, at 2:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilitation of Heart

(DURATION) Seconds DAYS

Contributory (Primary) Arterio Sclerosis

Of Senile Dementia (DURATION) DAYS

(Signed) H. M. Cummings M.D.

Address Bay View Asylum

Date October 12. 1906.

Place of Burial Most Holy Redeemer

Date Oct 15-th 1906

Undertaker Josiah Sykes

Address 1607 N Gilmor Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94437

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94437

City of Baltimore. (No. 1111 E. Baltimore St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Heiner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ____ (Month) ____ (Day) 1840 (Year)

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Mordecai Heiner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachil Scherr.

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel Margowitz

(Address) 1005 E. Baltimore St.

Filed Oct 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 13 1906

that I last saw him alive on " 13 1906,

and that death occurred, on the date stated above, at 12.30 a. m. The CAUSE OF DEATH was as follows:

Angina Pectoris

(DURATION) 1 DAY

Contributory ____ (DURATION) ____ DAYS

(Signed) M. M. Savage M.D.

Oct 13 1906 (Address) 1121 E Balto

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Philip Rd Rosedale — DATE OF BURIAL: Oct 14 1906

UNDERTAKER: Mc Lennan — ADDRESS: 1128 Low st.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

94438 Registered No. B 94438

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 653 W Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. David Benesh

{Residence, if in Baltimore, Give Street and Number.} 653 N. Leddington St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ....years, 19 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: /

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Israel Benesh

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Levin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Israel Benesh

(Address) 653 W Lexington st

Filed 10/14/ 1906

S.S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from Birth 190 to Oct 13 1906

that I last saw him alive on Oct 13 1906

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intussusception

DURATION ... months ... DAYS

Contributory (Primary) several shells of sickness including several months

DURATION ... DAYS

Whooping cough

(Signed) Henry Gutbrier M.D.

Address 1126 N. North Ave

Date Oct 14th 1906

Place of Burial Philip Rd Road Dale

Date Oct 14, 1906

Undertaker Max Levinson

Address 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94439 Registered No. B 94439 16

CERTIFICATE OF DEATH.

(Place of Death.) No. Guyman Falls Bridge B. & O. R.R. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carlos de la Torre

{Residence, if in Baltimore, Give Street and Number.} 1043 W Fayette St

Duration of Residence in Baltimore. 3 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: about 1891

AGE: 15 years, — months, — days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Cuba

FULL NAME OF FATHER: Pastor de la Torre

BIRTHPLACE OF FATHER (State or country): Cuba

MAIDEN NAME OF MOTHER: Dolores Silva

BIRTHPLACE OF MOTHER (State or country): Cuba

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luis de la Torre

(Address) 1043 W. Fayette st.

Filed 9/14/ 1906 DLC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 12 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3:30

M. CAUSE OF DEATH (Secondary or Immediate)

Accidentally Struck by train at 70 B & O R.R.

Immediate Skull & Foot Cut off

(DURATION) Instant DAYS

Contributory (Primary) Shock

(DURATION) DAYS

(Signed) C. Isaac Jones M.D.

Address Coroner 2nd D

Date Oct 13 1906

Place of Burial London Park Cem

Date Oct 15 1906

Undertaker Chas. E. Francis

Address 746 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 9440 — Registered No. B 9440

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 1103 E Fort Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stanislaus Warnowicz

{Residence, if in Baltimore, Give Street and Number.} 1103 Fort Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 11 1906

AGE ..... years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Wladyslaw Warnowicz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1103 E. Fort Ave.

Filed Oct 15th 1906

Registrar

6 & 6 R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Oct 13 1906 to ..... 190..

that I last saw her alive on Oct 13 1906, and that death occurred, on the date stated above, at 8.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis colitis

(DURATION) 3 DAYS

Contributory (Primary) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. E. Ellis M.D.

Address 915 Eutaw St

Date Oct 14 1906

Place of Burial St Stanislaus Cem.

Date Oct 15-06 1906

Undertaker C. Keerle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 94441 — Registered No. B 94441

CERTIFICATE OF DEATH.

(Place of Death.) No. 2024 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena E. Sparrow

{Residence, if in Baltimore, Give Street and Number.} 2024 N. Calvert St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 11 1881

AGE: 25 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Leonard K. Sparrow

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Emma E. Mogill

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena K. Sparrow

(Address) 2024 N Calvert

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....

and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart & Pneumonia

Under (DURATION) DAYS

Contributory (Primary) Acute Toxemia

2 ½ (DURATION) DAYS

(Signed) Shirley Luttrell M.D.

Address 1814 Maryland Ave

Date Oct 11 1906

Place of Burial Loudon Park

Date Oct 13th 1906

Undertaker E M Mitchell

Address 1201 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94442 Registered No. B 94442 157

CERTIFICATE OF DEATH.

(Place of Death.) No. #3010 Dillon St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes McGlone

{ Residence, if in Baltimore, Give Street and Number. } #3010 Dillon St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female White
COLOR	White
DATE OF BIRTH	Oct. 13/06 1
AGE	7 Hours
	....years, ...months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	John McGlone
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Mary Gabler
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mc Glone

(Address) 3010 Dillon St.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 2 P.M. to Oct 14th 1906 7-30 P.M.

that I last saw her alive on Oct 14 1906

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth (DURATION) ..... DAYS

Contributory (Primary) 6½ mos in Utero – (DURATION) ..... DAYS

(Signed) C. N. Athey M.D.

Address 2 Hudson St

Date Oct 15th/06 1906

Place of Burial New Cathedral Cemetery

Date 10/15/06 1906

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94443 — Registered No. B 94443

CERTIFICATE OF DEATH.

(Place of Death.) No. #1502 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Christian

{ Residence, if in Baltimore, Give Street and Number. } #1502 Orleans St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Jan. 2nd 1864	1
AGE: 42 years, 10 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	~~Balto.~~
FULL NAME OF FATHER	Wm. Christian
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Christina
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Christian

(Address) Chesapeake & Odonnell Sts

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20th 06 to Oct 12th 06

that I last saw h[illegible] alive on Oct 8th 06, and that death occurred, on the date stated above, at 8.25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous Nephritis

(DURATION) 6 Wks

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno Stuber M.D.

Address 1514 E Eager St

Date Oct 13th 1906

Place of Burial Balto Cemetery

Date 10/15/06 1906

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 94444 — Registered No. B 94444

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa K Legel.

{Residence, if in Baltimore, Give Street and Number.} 417 N. Chester St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 1835

AGE: 70 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Holliday,

(Address) BAY VIEW ASYLUM.

Filed 10/10 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Oct 12 1906

that I last saw h a alive on Oct 12 1906,

and that death occurred, on the date stated above, at 6 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyaemia due to Multiple Abscesses. Chronic diffuse Nephritis (DURATION) DAYS

Contributory (Primary) Cardiac hypertrophy & dilatation (DURATION) DAYS

(Signed) Walter D Weed M.D.

Address Bay View Hospt.

Date Oct 13 1906

Place of Burial Baltimore Cem.

Date 10/15/06 190

Undertaker J Herring & Son

Address 1008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 94445

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94445

City of Baltimore, (No. 924 ½ Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Patrick Truman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 13 (Day) 1869 ~~1860~~ (Year)

AGE: 46 years, 9 months, 29 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Freeman

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Gorman

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Commission Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Freeman

(Address) 924 Aisquith St.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 12th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from September 21st 1906 to Oct 11th 1906

that I last saw him alive on Oct 11th 1906,

and that death occurred, on the date stated above, at 6.32 P. M. The CAUSE OF DEATH was as follows:

Pulmonary & Laryngeal Tuberculosis

(DURATION) 60 DAYS

Contributory ——— (DURATION) DAYS

(Signed) John S. Fowler M. D.

Oct 12th 1906 (Address) 106 Kensington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: St. Patricks Cem. DATE OF BURIAL: Oct. 15 1906

UNDERTAKER: Evans & Spence ADDRESS: 1181 1201 N. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94446

City of Baltimore, (No. 109, S Eutaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Douglas Luenzel

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR ~~COLOR~~ White

DATE OF BIRTH Sept 26 1860
(Month) (Day) (Year)

AGE 46 years, months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Douglas Luenzel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Adelaide Brueckner

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Douglas Luenzel

(Address) 109 S Eutaw St

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 12 1906

that I last saw h in alive on Oct 12 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Aneurism of descending aorta

about one year
(DURATION) DAYS

Contributory, Rupture of Sack 4 hours
(DURATION) DAYS

(Signed) Geo R Graham M.D.

Oct 14 1906 (Address) 925 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or, Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Oct 15 1906

UNDERTAKER W J Hudnott Sons

ADDRESS Camden & Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 94447 — Registered No. B ... E 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 717 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret S. Lear

{Residence, if in Baltimore, Give Street and Number.} 717 E. Preston St

Duration of Residence in Baltimore. 50 Jrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 20th 1836

AGE: 73 years, 8 months, 23 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Lear

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Mulhill

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Hoy

(Address) 717 E Preston

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Oct 13th 1906

that I last saw h[er] alive on Oct 13th 1906

and that death occurred, on the date stated above, at 5:20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Parenchymatous Nephritis

(DURATION) 8 Yrs ~~DAYS~~

Con'ributory (Primary.) Anaemia Pernicious

(DURATION) 35 DAYS

(Signed) Edward Stubbs M.D.

Address 208 Aisquith St

Date Oct 14th 1906

Place of Burial Cathedral Cemetery

Date Oct 15" 1906

Undertaker Evans & Spence

Address 118 & 120 W. Fort Ave Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94448

City of Baltimore, (No. 414 St Marys St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph P. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	——— (Month) 1 (Day) Year)
AGE	60 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Perry Baker
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	———
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Baker

(Address) 414 St Mary St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 3rd 1906 to Oct 13th 1906 that I last saw him alive on Oct 12th 1906, and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Organic Heart disease

(DURATION) — DAYS

Contributory Dropsy and Brights Disease (DURATION) — DAYS

(Signed) Samuel A Bair M. D.

Oct 15th 1906 (Address) 609 W Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 17 1906
UNDERTAKER	ADDRESS
R F Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 3 — Registered No. B 94449

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria Anderson

{Residence, if in Baltimore, Give Street and Number.} 507 S. Spring

Duration of Residence in Baltimore. 6 months

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1891

AGE 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Edmund Anderson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Maria Jackson

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Twinlick

(Address) 507 S. Spring

Filed 10/15 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Oct 12th 1906

that I last saw h[illegible] alive on " " 1906

and that death occurred, on the date stated above, at 6

30 M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) 10 DAYS

Contributory (Primary.) Phthisis

Pulmonalis (DURATION) 60 DAYS

(Signed) J. L. Winn M.D.

Address 1735 Bank St

Date Oct 13th 1906

Place of Burial Laurel

Date October 15 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94450

Registered No. B

City of Baltimore, (No. 1119, Little Wilson St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie May Cornish

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Oct (Month) 12 (Day) 1906 (Year)

AGE: 18 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Isaiah Cornish

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Alverta Owens

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alverta Cornish

(Address) 1119 Little Wilson St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Oct 12 1906

that I last saw h[er] alive on Oct 12 1906,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Heart Disease followed
Acute Rheumatism

(DURATION) DAYS

Contributory Consumption V

Heart Failure (DURATION) DAYS

(Signed) Ose Dunn M. D.

Oct 13 1906 (Address) 923 N Carrol[l]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 15 1906

UNDERTAKER	ADDRESS
R A Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 7th 94451 Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. 1901 N Liguanne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Jesscheid

{Residence, if in Baltimore, Give Street and Number.} 1901 N Fremont St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1.....

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John H. Jesscheid

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Won't Know

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minderlein

(Address) Bank near Wolf St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from

..... 190 ... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

..... (DURATION) DAYS

Con'tributory (Primary)

..... (DURATION) DAYS

(Signed) Thomas Linderman M.D.

Address 320 N Gilmor

Date Oct 13 1906

Place of Burial Mount Carmel

Date Oct 16th 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

HENRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94452 — Registered No. — 26

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Allegheny — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Schultz

{Residence, if in Baltimore, Give Street and Number.} 1613 Allegheny av. Life time

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Schultz

(Address) 613 Allegheny St

Filed 10/15 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26th 1906 to Oct 13th 1906 that I last saw him alive on Oct 13th 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Laryngeal Tuberculosis

(DURATION) DAYS

(Signed) Herman J. Gleim M.D.

Address 1937 Eastern Ave.

Date Oct 13th 1906

Place of Burial Mount Carmel

Date Oct 15th 1906

Undertaker H. Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 94458 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 331 E 20th St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Elias R. Parks

{ Residence, if in Baltimore, Give Street and Number. } 331. E. 20th St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: 1

AGE: 87 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Joshua Parks.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary A. Mutely

BIRTHPLACE OF MOTHER (State or country): 1

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archie R. Gardner

(Address) 331. E 20th St

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 14 1906 that I last saw him alive on Oct 13 1906, and that death occurred, on the date stated above, at 12.10 M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Chronic Valvular Heart Disease

Lobar Pneumonia (DURATION) DAYS

(Signed) Edward Chis M.D.

Address 316 E North Ave

Date October 15th 1906

Place of Burial Baltimore Co

Date Oct 16. 1906

Undertaker Lewenbook

Address 602 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 94454 — Registered No. 40

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Renner

{Residence, if in Baltimore, Give Street and Number.} 1727 Hope St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Wh

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Renner

(Address) 1727 Hope St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1906 to Oct. 13th 1906

that I last saw h[illegible] alive on Oct 13th 1906

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Carcinamatosis

(DURATION) DAYS

Contributory (Primary.) Carcinoma of liver

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Josephs Hospital

Date Oct. 13th 1906

Place of Burial Mt Carmel

Date Oct 15 1906

Undertaker Lewis Cook

Address 502 E. Saratoga

[illegible] HARRY OF ANDREWS] PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Ba...

Ward ..... 94455 Registered No. B 94455

54

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Gallagher

{Residence, if in Baltimore, Give Street and Number.} 1115 Bunney St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR wh

DATE OF BIRTH 1

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Alexandria Va

FULL NAME OF FATHER John Ellwood

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Deegan

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Oct 13 1906

that I last saw h.. alive on Oct 13 1906,

and that death occurred, on the date stated above, at 2.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Progressive Pernicious Anaemia.

(DURATION) DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Wise M.D.

Address Bay View Asylum

Date Oct 14 1906

Place of Burial Cathedral Cem

Date Oct 16 1906

Undertaker Wm Cook

Address 1026 North Ave

James F. Fallon Pri

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

94456 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2876 Catherine St

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Jennie Lust

{ Residence, if in Baltimore, Give Street and Number. } 2876 Catherine St

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dundle Va

FULL NAME OF FATHER: Jacob Gerlack

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Lust.

Address 2876 Catherine St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct-14 1906

I HEREBY CERTIFY, That I attended deceased from Aug 18 1906 to Oct 13 1906

that I last saw h— alive on Oct-13 1906,

and that death occurred, on the date stated above, at 2 A M. CAUSE OF DEATH (Secondary or Immediate

Asthenia and

toxaemia 2 Secondary

infection

three weeks (DURATION)

Contributory (Primary) Laryngeal & pulmonary tubercu (DURATION) About a year DAYS

(Signed) R B Kemp M.D.

Address 422 N Greene

Date Oct-14 06. 190

Place of Burial Fredenale Md

Date Oct 16 1906

Undertaker William Cook

Address 1016 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. B 94457

City of Baltimore, (No. 213, E. 24th St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Byron Fields

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 30th 1878 (Month) (Day) (Year)

AGE: 27 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md -

FULL NAME OF FATHER: Edwin C. Fields

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Annie W. Watkins

BIRTHPLACE OF MOTHER (State or country): Md -

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin C. Fields

(Address) 213 E. 24th st.

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 14th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 15th 1906 to October 14th 1906

that I last saw him alive on October 13th 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Diabetes Mellitus
ending in Coma

(DURATION) 150 DAYS

Contributory —

(DURATION) DAYS

(Signed) Eugene Baughman M. D.

Oct 14th 1906 (Address) 830 W North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Fredericksburg Md

DATE OF BURIAL: Oct 16 1906

UNDERTAKER: W. M. Cook

ADDRESS: 307 E North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and da

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1340 Garrett Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Murdock

{Residence, if in Baltimore, Give Street and Number.} 1340 Garrett Av.

Duration of Residence in Baltimore. 8 yr. B94458

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March 2 1881

AGE: 25 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: — Callahan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Murdock

(Address) 1340 Garrett Av.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Oct 13 1906

that I last saw h[illegible] alive on Oct 11 1906

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary & Laryngeal Tuberculosis

abt 6 mos.

(DURATION) ~~DATE~~

Contributory (Primary.) Exhaustion (DURATION) 2 wks ~~DATE~~

(Signed) Robt E. Leith M.D.

Address 1318 N. Charles St.

Date Oct 13 1906

Place of Burial St Alphonsus

Date Oct 16 1906

Undertaker E Hearle

Address 115 E Hoad St

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94459

94459

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Barbara Badger

{ Residence, if in Baltimore, Give Street and Number. } 547 Orchard St

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH .....1.....

AGE 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Moses Mayers

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lucy Dayes

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 13 1906

that I last saw h.e alive on Oct 13 1906,

and that death occurred, on the date stated above, at .....

.....m. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D Stone M.D.

Address Bay View Asylum

Date Oct 14 1906

Place of Burial Mt Auburn

Date Oct 16. 1

Undertaker Alex H Emsley -

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94460

Registered No. B

City of Baltimore, (No. 1122, Light St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Howe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June (Month) 9th (Day) 1906 (Year)

AGE: ..... years, 4 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James H. Howe

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Frances Islam

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Howe

(Address) 1122 Light St

Filed 10/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to Oct 14th 1906

that I last saw him alive on Oct 13th 1906,

and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Sprue

(DURATION) 1 DAYS

Contributory Marasmus

2 mos (DURATION) DAYS

(Signed) Jennie D. Brune M. D.

Oct 14th 1906 (Address) 1310 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel cmt — DATE OF BURIAL: Oct 15 1906

UNDERTAKER: Edw J. Fanning — ADDRESS: 1460 Battery

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1500 W. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Schultheis

{Residence, if in Baltimore, Give Street and Number.} 1500 W. Baltimore St

Duration of Residence in Baltimore. 42 yr B 94461

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 1

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fred. Schultheis

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clothing Designer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Frieda Schultheis

(Address) 1500 W. Balto St.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 12 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 12 1906

that I last saw him alive on Oct 12 1906

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of Right Tonsil

Cancer (DURATION) DAYS

Contributory (Primary.) Asthenia

3 Wks (DURATION) DAYS

(Signed) T L Norwood M.D.

Address 939 W Fayette St

Date Oct 14 1906

Place of Burial Loudon Park Cem.

Date October - 15 - 1906

Undertaker Crowley Bros

Address 25 N. Fulton Ave 1500 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within ***eighteen hours after death***, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Baltimore, Md.

Full Name Miss Margaret Freil.

{Residence, if in Baltimore, Give Street and Number.} 407 W. Mulberry St.

Duration of Residence in Baltimore. B94462

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	24 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	John Freil
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	~~Ireland.~~
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) By deceased. Margaret Freil

(Address) as ditto.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 13, 1906 to Oct 13, 1906 that I last saw h er alive on Oct 13 1906, and that death occurred, on the date stated above, at 8-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Child birth.

(DURATION) 9 1/2 DAYS

Contributory (Primary.) Shock

(DURATION) 1 DAYS

(Signed) E. E. Laug Ley M.D.

Address Md. Gen. Hospital

Date Oct 19, 1906

Place of Burial Philadelphia

Date Oct 16 1906

Undertaker Matthew Cadogan

Address 196 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94463

City of Baltimore, (No. Garrett Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edgar Bassett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 3 October 13 1906 (Month) (Day) (Year)

AGE: 0 years, 5½ months, days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Lebanon - Pa.

FULL NAME OF FATHER: Edgar Bassett -

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa.

MAIDEN NAME OF MOTHER: Delia Ford -

BIRTHPLACE OF MOTHER (State or country): Knoxville - Tenn.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis F. Martin

(Address) 27 N. Carey St -

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Oct 13 1906 that I last saw him alive on Oct 11th 1906, and that death occurred, on the date stated above, at 12 noon. The CAUSE OF DEATH was as follows:

~~Bronchitis~~ Broncho pneumonia following Influenza

"Asthenia" (DURATION) 1 DAYS

Contributory Marasmus ? (DURATION) DAYS

(Signed) Walter B Platt M. D.

1906 (Address) 802 Cathedral

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 3056 Elliott St. How long at Place of Death? 5 Days

Where was disease contracted, if not at place of death? Home

PLACE OF BURIAL OR REMOVAL: Mount Carmel Cemetery — DATE OF BURIAL: Oct 15 1906

UNDERTAKER: Germanus Thanes — ADDRESS: 1901 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

Permission requested to remove remains to 3056 Elliott St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 63

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 N Central Ave. St. B94464

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sabastiano Articolo -

{ Residence, if in Baltimore, Give Street and Number. } 501 N. Central ave

Duration of Residence in Baltimore. one month -

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: Sept 25 - 1870

AGE: 36 years, - months, 20 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: M.

BIRTHPLACE (State or country): Italy -

FULL NAME OF FATHER: Salvatore Articolo

BIRTHPLACE OF FATHER (State or country): Italy -

MAIDEN NAME OF MOTHER: Filippa Iriana

BIRTHPLACE OF MOTHER (State or country): Italy -

OCCUPATION OF DECEASED: Tailor -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignazio Marchese

(Address) 1241 Orleans St.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct - 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 13th 1906 to Oct 13th 1906

that I last saw him alive on Oct 13th 1906,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Respiratory failure -

(DURATION) 8 DAYS

Contributory (Primary.) Bulbar paralysis (DURATION) 32 DAYS

(Signed) S. D'Emanco M.D.

Address 1604 Linden Ave

Date 10 - 14 - 1906

Place of Burial St Vincents Cemetery

Date Oct. 15th 1906

Undertaker Germanus France

Address Banks & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94465

City of Baltimore, (No. 1747 Carlisle Pl. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hendetta Addison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: Colored
DATE OF BIRTH: May (Month) 2 (Day) 1906 (Year)
AGE: ..... years, 5 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): Balto City Md
FULL NAME OF FATHER: John Henry Addison
BIRTHPLACE OF FATHER (State or country): Anne Arundel Country Md
MAIDEN NAME OF MOTHER: Eleanora Pratt
BIRTHPLACE OF MOTHER (State or country): Somerset Country Md
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Addison
(Address) 1747 Carlisle Place

Filed Oct. 16 1906
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to Oct 14 1906 that I last saw her alive on Oct 14 1906, and that death occurred, on the date stated above, at 5.30 P.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory .....
(DURATION) ..... DAYS

(Signed) R. P. Carman M. D.
Oct 15 1906 (Address) 1701 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery
DATE OF BURIAL: Oct. 16 1906
UNDERTAKER: Chas G Bailey
ADDRESS: 1441 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Lewis

{Residence, if in Baltimore, Give Street and Number.} 1833 E. Eager st

Duration of Residence in Baltimore. 50 yrs B94466

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 15 1834

AGE 72 years, 5 months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Adam Klepster

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Lewis

(Address) 1833 E. Eager st

Filed 10/15 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 30th 190 to Oct 13 190 6

that I last saw h.. alive on 12th 190 6

and that death occurred, on the date stated above, at 930 P. M. CAUSE OF DEATH (Secondary or Immediate.)

General debility

due to senility

(DURATION) 14 DAYS

Contributory (Primary.) Gangrene of toes (DURATION) DAYS

(Signed) J. L. Timmis, M.D.

Address 1025 N. Wolfe st.

Date 190

Place of Burial Loudon Park Cem.

Date Oct. 16" 190 6

Undertaker Geo. M. Fritz

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1559 Remington Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Elsie Lashorne

{ Residence, if in Baltimore, Give Street and Number. } 1559 Remington Place

Duration of Residence in Baltimore. Life

B 94467

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Oct 11th 1903

AGE: — years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Bact

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: Elsie Lashorne

BIRTHPLACE OF MOTHER (State or country): Bact.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elizabeth Lashorne

(Address) 1559 Remington Place

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....,

and that death occurred, on the date stated above, at 7 a. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Lilian Bascomin M.D.

Address 700 Laf. ave (Comm)

Date Oct. 14th 1906

Place of Burial Western Cem

Date Oct 15th 1906

Undertaker M. Fahey and Sons

Address 1162 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 2729 Bernard Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Gretta Norris

{Residence, if in Baltimore, Give Street and Number.} 2729 Bernard Street

Duration of Residence in Baltimore. Lifetime B 94468

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 7 1905

AGE 1 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Jacob E. Norris

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Florence M. Cole

BIRTHPLACE OF MOTHER (State or country) Carroll Co. Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory Norris

(Address) 2729 Bernard St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1906 to October 13 1906

that I last saw her alive on October 1906.

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Indefinite (DURATION) DAYS

Contributory (Primary.) Intestinal

Indigestion (DURATION) 4 DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th St.

Date October 13th 1906

Place of Burial St Mary, A.

Date Oct 15 1906

Undertaker V. S. Wannall

Address 3539 Falls Road

HARRY O. ANDREWS, REGIST. OF WILLS.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 259 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elisha Jones B94469

{Residence, if in Baltimore, Give Street and Number.} 259 Roland Ave.

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Jan 10th 1844	
AGE 62 years, 9 months, 3 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Balt. Co. Md.	
FULL NAME OF FATHER Andrew Jones	
BIRTHPLACE OF FATHER (State or country) Balto Co Md	
MAIDEN NAME OF MOTHER Mary A. Bowen	
BIRTHPLACE OF MOTHER (State or country) Balto Co	
OCCUPATION OF DECEASED Engineer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jones

(Address) 259 Roland Ave

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 8th 1906 to Oct 13th 1906 that I last saw him alive on Oct 13th 1906, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Cancer of the stomach

(DURATION) 2 months DAYS

Contributory (Primary.) Chronic gastritis

(DURATION) 4 years DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date Oct. 13th 1906

Place of Burial St Mary's

Date Oct 15 1906

Undertaker J. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 3211 Barclay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H Powers Sr

{Residence, if in Baltimore, Give Street and Number.} 3211 Barclay St

Duration of Residence in Baltimore. 35 years B94470

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: May 17th 1843	
AGE: 63 years, 4 months, 26 days	
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country): Canada	
FULL NAME OF FATHER: William Powers	
BIRTHPLACE OF FATHER (State or country): Ireland	
MAIDEN NAME OF MOTHER: Mary Murphey	
BIRTHPLACE OF MOTHER (State or country): Ireland	
OCCUPATION OF DECEASED: Manager	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Powers

(Address) 3225 Barclay St

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13 1906

I HEREBY CERTIFY, That I attended deceased from About June 1 1906 to Octo 13 1906

that I last saw him alive on Oct 11 1906

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Several months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A R Elwell M.D.

Address 1741 Hanford ave

Date October 14, 1906

Place of Burial New Cathedral

Date Oct 16th 1906

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Elwell Lobdell & Hanford ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94471

City of Baltimore, (No. 1426 Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosa Freeman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: July 4 (Month) (Day) 1906 (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Nan

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1932 Presstman St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 11. 1906 to Oct 13 1906

that I last saw h[illegible] alive on Oct 12 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Immature

7 Months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J. Thomas Nelson M. D.

Oct 13 1906 (Address) 1300 N. Linden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Zion	Oct 14 1906
UNDERTAKER	ADDRESS
James H Dennis 1932	Presstman

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

134

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 N. Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Delphud Montague

{Residence, if in Baltimore, Give Street and Number.} 519 N. Pine st

Duration of Residence in Baltimore. 10 yrs B94472

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH	1874
AGE	32 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	John F. Bagby
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Caroline Young
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) per John Montague H B Pye Jr

(Address) 519 N Pine st

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14th, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 2nd 1906 to Oct 13 1906

that I last saw h[illegible] alive on Oct 13 1906

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Vomiting of Pregnancy

Exhaustion

(DURATION) 28 DAYS

Con'tributory (Primary.) Admission

(DURATION) 60 DAYS

(Signed) D. Grantfeott M.D.

Address 354 E. Biddle st

Date Oct. 14th, 1906

Place of Burial Ellis. Station Hanover Co. Va

Date 18 Oct. 1906

Undertaker H C Cox

Address 102 E. Mulberry St

HENRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person s[illegible] the duty of the Physician who attended during his or her last sickness, or the Coro[illegible] notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (w[illegible] deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94473

City of Baltimore, (No. 914, Lemmon Ave. (Hamsfield) St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas D. Lyttle Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Oct. (Month) 15 (Day) 1906 (Year)

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Winfield Lyttle

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Lyttle

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Winfield S. Lyttle

(Address) 914 Second Ave

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1906 to Oct 15th 1906

that I last saw him alive on Oct 15th 1906,

and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Pneumonia. Gen. Broncho Pneumonia

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Thos E Brady M. D.

Oct 16 1906 (Address) 520 S. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Co.

DATE OF BURIAL: Oct 15 1906

UNDERTAKER: Owen Cook

ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94474

City of Baltimore, (No. 1101 East Eager St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elise Holzhauer

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	July (Month) 19 (Day) 1861 (Year)
AGE	45 years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Fritz Nolte
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Johannsen
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Holzhauer

(Address) 1618 Madison Ave

Filed 10/15 1906 HARRY O. ANDREWS, FIRST CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from September 26 1906 to October 11 1906 that I last saw her alive on October 11 1906, and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Septic tuberculosis,

Heart disease.

(DURATION) 20 DAYS

Contributory ~~Heart~~

(DURATION) DAYS

(Signed) Louis Holzhauer M. D.

10/12 1906 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence New York How long at Place of Death? 21 Days

Where was disease contracted, if not at place of death? New York.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 15 1906
UNDERTAKER	ADDRESS
Henry Hockersen	1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 94475

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 N. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie L. Baumgartner

{ Residence, if in Baltimore, Give Street and Number. } 614 N. Castle St

Duration of Residence in Baltimore. Life B94475

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Oct 12th 1905

AGE 1 years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Baumgartner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Johana Kahl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ~~Father~~ Mother

(Address) 614 N. Castle St.

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 14 1906 that I last saw h[illegible] alive on Oct 14 1906, and that death occurred, on the date stated above, at 6.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Gizdwood M.D.

Address 1811 E Balto St

Date October 15 1906

Place of Burial Holy Redeemer Cemetery

Date Oct 16th 1906

Undertaker Henry Hook & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City [If de... U... give "S...

SEX

DATE

AGE

SINGL... WIDOW...

BIRTHP... (State o...

FULL ... OF FA...

BIRTHP... OF FA... (State o...

MAIDE... OF MO...

BIRTHP... OF MO... (State o...

OCCUP... OF DEC...

THE AB... BEST O...

(Informa...

Filed 10/1...

Ward 9 94476 Registered No. B 94476

63

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benjamine Merchant

{Residence, if in Baltimore, Give Street and Number.} 1009 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph Merchant.

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Ships Chandler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marguerite Merchant

(Address) 1009 E. Eager St.

Filed 10/15 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 14 1906

I HEREBY CERTIFY, That I attended deceased from for about a year at intervals 190 to Oct 14 1906 that I last saw h alive on Oct 14 1906 and that death occurred, on the date stated above, at 9.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Chronic Bulbar Paralysis (DURATION) 6 Days

Con'ributery (Primary.)

(DURATION) DAYS

(Signed) Hector M White M.D.

Address 1107 N. Bway

Date Oct 15 1906

Place of Burial Baltimore Cemetery

Date Oct. 16th 1906

Undertaker Henry Hoeckelsen

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. D. Gambrill

{ Residence, if in Baltimore, Give Street and Number. } 3 St. Waltham ave

Duration of Residence in Baltimore. 3 Years B94477

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH May 1848

AGE 58 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Wm Gambrill

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Abigail Green

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED Piano Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. W. Gambrill

(Address) 1431 E. Eager av

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 12th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull

(DURATION) 4 DAYS

Contributory (Primary.) Accidental

fall from street car (DURATION) DAYS

(Signed) Chas Bachmann M.D.

Address Two Lap. av. (Corner)

Date Oct. 14th 1906

Place of Burial London Park

Date Oct 15 1906

Undertaker Geo D Smith & Co

Address 1800 W. Lafayette av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. Sir Police Station St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Newman

{ Residence, if in Baltimore, Give Street and Number. } 1637 Foremans Court

Duration of Residence in Baltimore. Lifetime B94478

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Aug 15th 1866

AGE 40 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jno Bell

BIRTHPLACE OF FATHER (State or country) Elkridge Md

MAIDEN NAME OF MOTHER Jane Gray

BIRTHPLACE OF MOTHER (State or country) Elkridge Md

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Newman

(Address) 1637 Foremans Court

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 12th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 6.15 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Acute Alcoholism

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thos Jones M.D.

Address Coroner Sub

Date 1906

Place of Burial Laurel Cemetary

Date Oct. 15th 1906

Undertaker A. Jones

Address 2162 E Pratt st

HARRY D. ROGERS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94479 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Cook

{ Residence, if in Baltimore, Give Street and Number. } 15 W Hill St

Duration of Residence in Baltimore. Life

B94479

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 69 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Fred Cook.	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Cook

(Address) 15 W. Hill st

Filed 10/15 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from a cold 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorhage

Sudden

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 6496 Laf. Ave

Date Oct 14 1906

Place of Burial Balto Cemetery

Date Oct 16 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 1571 Cole St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Ruff

{ Residence, if in Baltimore, Give Street and Number. } 1571 Cole St.

Duration of Residence in Baltimore. .....

B94488

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Ruff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eliz Rosehall

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ledebo

(Address) 1200 W. Lombard St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from Jany 1st 1906 to Oct 13 1906

that I last saw him alive on Oct 12 1906

and that death occurred, on the date stated above, at 1.30

11. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

Abt (DURATION) 10 months DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 Wk DAYS

(Signed) Henry C. Ohle M.D.

Address 1203 E. Fayette St

Date Oct 15 1906

Place of Burial St. Peters

Date Oct 16 1906

Undertaker John Ledebo

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 East 23d St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia White

{ Residence, if in Baltimore, Give Street and Number. } 420 East 23 St

Duration of Residence in Baltimore. Life-time B94481

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR col

DATE OF BIRTH Sept 4 1904

AGE ..... years, 1 months, 11 days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Thomas White

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Eva Garnett

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. C. Bishop

(Address) 1107 Druid Hill Ave

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 13 1906

that I last saw her alive on Oct 13 1906

and that death occurred, on the date stated above, at 8:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Robt G. Schmidt M.D.

Address 424 East 23 St

Date Oct. 15. 1906

Place of Burial Laurel Cemetery

Date Oct - 15 1906

Undertaker John C. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94482

Registered No. B.....

City of Baltimore, (No. #330 Sycamore St. St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jerry Fitzpatrick

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 9th. 1906 (Month) (Day) 1 (Year)

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John H. Fitzpatrick

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Nora Shaffer

BIRTHPLACE OF MOTHER (State or country): Carroll county Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Fitzpatrick

(Address) 330 Sycamore St

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 14th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1906 to Oct 14 1906

that I last saw him alive on Oct 14 1906,

and that death occurred, on the date stated above, at 12m P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 2 DAYS

Contributory .....

(DURATION) 2 DAYS

(Signed) A. M. Smith M. D.

Oct 15 1906 (Address) 206-3rd ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Havre de grace Harford County Md

DATE OF BURIAL: Oct 16th 1906

UNDERTAKER: Wm. E. Chenoweth & Son

ADDRESS: 719 third Avenue Hampden Balto Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 9448 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 714. S. Wolf St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jacek Chojnowski

{Residence, if in Baltimore, Give Street and Number.} 714 S. Wolf St

Duration of Residence in Baltimore. Lifetime B94483

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August. 17. 1906

AGE: ..... years, 1 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore. City

FULL NAME OF FATHER: John Chojnowski

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Adela Bluszewicz

BIRTHPLACE OF MOTHER (State or country): Poland.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Chojnowski

(Address) 714 Wolf St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 13 1906

that I last saw h— alive on Oct 13 1906,

and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate)

acute Bronchitis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wachtman M.D.

Address 16 S Broadway

Date Oct 15 1906

Place of Burial Holy Rosary

Date October 15 1906

Undertaker Jacob. Fiaskowski.

Address 428. S. Bond. St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 91184

City of Baltimore, (No. 1125, Light St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Haven

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 9th (Day) 1836 (Year)

AGE: 50 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Henry Woods

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Ann Finnegan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Haven

(Address) 1125 Light St

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1906 to Oct 13 1906

that I last saw her alive on Oct 12 1906,

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Cancer of Uterus
Carcinomatous Infiltrations
Metastases

1 year (DURATION) DAYS

Contributory Asthenia Cardiac

(DURATION) 10 DAYS

(Signed) Joseph E. Sinclair M. D.

Oct 15 1906 (Address) 1516 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL, 1906
New Cathedral	Oct 16
UNDERTAKER	ADDRESS
Geo. Bruns	Biddle St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ...

CERTIFICATE OF DEATH.

(Place of Death.) No. Bnlt City Jail St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Rice

{ Residence, if in Baltimore, Give Street and Number. } 243 Chestnut ct

Duration of Residence in Baltimore. life B94485

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: Br.
DATE OF BIRTH: 1	
AGE: 43 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: married	
BIRTHPLACE (State or country): Bnlt Md.	
FULL NAME OF FATHER: Lot Rice	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Baker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 10/15 1906 Registrar

✓

morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to Oct 8 1906

that I last saw h~~alive~~ on — 190—

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary) Alcoholism

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.
Coroner

Address 1216 E. Caroline St

Date Oct 12 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 13 1906

Undertaker Commissioner of Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 94486

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca Reynolds

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/15 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept 6 1906 to Oct 13 1906

that I last saw h er alive on Oct 13 1906.

and that death occurred, on the date stated above, at 3 10

A. M. CAUSE OF DEATH (Secondary or Immediate)

Abscess in pineal gland from Extension through Sinus of the Sphenoid Pulmonary Tuberculosis (DURATION) 2 DAYS

Contributory (Primary.) Chronic diffuse nephritis

Exhaustion (DURATION) DAYS

(Signed) Walter D. Stone M.D.

Address Bay View Hospt.

Date Oct. 13 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date Oct 13 1906

Undertaker William J. Wooden

Address 1811 Aisken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94487 Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Schmidt

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

B 94487

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1906 to Oct 13 1906

that I last saw h[illegible] alive on Oct 13 1906,

and that death occurred, on the date stated above, at 1 30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Pulmonary Thrombosis. (DURATION) ..... DAYS

(Signed) Walter D Wood M.D.

Address Bay View Hospital

Date Oct. 13 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 15 1906

Undertaker William L Woodyn

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, sex, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

3.52

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosalie Sharbs

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. 1 yr

B94488

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Blk
DATE OF BIRTH	Mar. 8 1901
AGE	5 years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Howard Co Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) St Elizabeths Madison Ave

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1906 to Oct. 12 1906

that I last saw her alive on Oct. 11 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Oct. 12 1906

Place of Burial COLLEGE OF P. & S

Date OCT 15 1906 190

Undertaker Commissioner Health,

Address Health Department

HARRY D. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 94489 Registered No. .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. H. Lieutenant

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. ~~Life~~ 1 Month

B94489

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Mul.
DATE OF BIRTH	Feb 3 1906
AGE	____ years, 7 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Howard Co. Md.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2005 Madison Ave.

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to Oct. 12 1906

that I last saw h.. alive on Oct. 11 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchs- Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Pulm. Edema

(DURATION) 1 DAYS

(Signed) Alexius McClannan M.D.

Address 2005 Madison Ave

Date Oct. 12 1906

Place of Burial COLLEGE OF P. & S

Date OCT 15 1906 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

2-5-8

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno Wasilenskie

{ Residence, if in Baltimore, Give Street and Number. } 1622 ~~Central Ave~~ Eastern Ave. W Ells

Duration of Residence in Baltimore.

B 94498

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 1

AGE: 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wasilenski

(Address) 1625 Eastern Ave

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Oct 13 1906 that I last saw h im alive on Oct 13 1906, and that death occurred, on the date stated above, at 3.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Diphtheria

(Duration, years, days, hours) (DURATION) One DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Kramer M.D.

Address St. Josephs Hospital

Date Oct 13 1906

Place of Burial PUBLIC CEMETERY

Date October 14th 1906

Undertaker Commissioner Health.

Address Health Department

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 — Registered No. B 94491 — 167

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Benton

{Residence, if in Baltimore, Give Street and Number.} 2935 Hudson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 7th 1887

AGE: 19 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Frawley

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Rose Edelman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank G. Benton

(Address) 2935 Hudson St.

Filed 10/15 1906 ✓ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 2.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Burns of Body accident

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fredk Camillus M.D.

Address Coroners House

Date Oct 15 — 1906

Place of Burial St. Patricks Cemetery

Date Oct. 17th 1906

Undertaker Germanus Grace

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Passed to Print, June 12 1902

CERTIFICATE OF DEATH.

(Place of Death.) No. 436 Moores Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Smith

{Residence, if in Baltimore, Give Street and Number.} 436 Monroe al

Duration of Residence in Baltimore. Life B94492

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: May 31 st 1906	
AGE: — years, 4 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balt.	
FULL NAME OF FATHER: Harry Clay	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Daisy Smith	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daisy Smith

(Address) 436 Monroe al

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Octo 13th 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at....

....11. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 100 Lanv. av. (Corner)

Date Octo. 15th 1906

Place of Burial Mt Auburn Cemetery

Date October 15th 1906

Undertaker Felix B Puse

Address 1026 Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Jefferson St St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary Novak

{ Residence, if in Baltimore, Give Street and Number. } 2003 Jefferson St

Duration of Residence in Baltimore. 26 years B 94493

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Franks Hajilka

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Katerina Pusek

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josef Novak

(Address) 2003 Jefferson

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 1904 to Oct. 13 1906

that I last saw h-- alive on " " 1906

and that death occurred, on the date stated above, at 3:30 P. M. CAUSE OF DEATH (Secondary or Immediate

Oedema Lungs

3 days (DURATION)

Contributory (Primary.) Chronic inflam. Gall bladder 2 years (DURATION)

(Signed) J. H. Hollenberg M.D.

Address 1810 E Baltimore St

Date Oct. 15 1906

Place of Burial Park Hill

Date Oct 16 1906

Undertaker J. Frank Brach

Address 1904 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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CERTIFICATE OF DEATH.

(Place of Death.) No. 824 N Peter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Carrie A. Rehmert

{Residence, if in Baltimore, Give Street and Number.} 824 N Peter St

Duration of Residence in Baltimore. Life time B94494

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Sept 25th 1858

AGE: 48 years, 0 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christopher Weis

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie Weis

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles G Rehmert

(Address) 824 N Peter St

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 13th 1906

I HEREBY CERTIFY, That I attended deceased from May 1 1906 to Oct 12 1906

that I last saw h[illegible] alive on Oct 12 1906,

and that death occurred, on the date stated above, at 11.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous Nephritis

6 months (DURATION) DAYS

Contributory (Primary.) General Oedema

Congestion of Lungs (DURATION) 30 DAYS

(Signed) J E Ehrman M.D.

Address 865 Columbia Ave

Date Oct 13 1906

Place of Burial Baltimore Cemetery

Date Oct 16 1906

Undertaker Jos. Loesdens Son

Address 1217 E. Pratt

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1016 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel Lumtate

{ Residence, if in Baltimore, Give Street and Number. } 1016 Park ave

Duration of Residence in Baltimore. Life

B 94495

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colord

DATE OF BIRTH: ..... 1 .....

AGE: 4 years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Tunstell

BIRTHPLACE OF FATHER (State or country): Essex Co. Va.

MAIDEN NAME OF MOTHER: Rosa Thurstell

BIRTHPLACE OF MOTHER (State or country): Po. Ed. Co. Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Tunstell

(Address) 1016 Park ave

Filed 10/15-6 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Tuberculosis

one year (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lof. ave. (Comm.)

Date Oct. 15th 1906

Place of Burial Mt Auburn

Date Oct 15 1906

Undertaker P. H. Elliott

Address 506 Roycr

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 Registered No. B 94496

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alverta Fuller

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

B 94496

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	July 1874
AGE	32 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City, Md.
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM

Filed 10/15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 13. 1906

I HEREBY CERTIFY, That I attended deceased from Dec'r 1 1904 to October 13 1906

that I last saw her alive on October 12, 1906

and that death occurred, on the date stated above, at 1.35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemmorrhage.
Lobar Pneumonia.
Broncho Pneumonia.
Pneumonia (DURATION) 10 DAYS

Contributory (Primary.)
Cardiac Failure (DURATION) DAYS

(Signed) W. M. Awmsley M.D.

Address Bay View Asylum.

Date October 13, 1906

Place of Burial Mt Zion C

Date Oct 16 1906

Undertaker Wm J G Jackson

Address 1421 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 1[illegible]
27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2423 Fait Ave St. (If Dec'd occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Shields

{Residence, if in Baltimore, Give Street and Number.} 2423 Fait Ave

Duration of Residence in Baltimore. 23 years. B94497

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1866

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: McCarthy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Calgan

(Address) 696 W. Baltimore

Filed 10/15 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1906 to Oct 13 1906 that I last saw her alive on Oct 13 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Oct 16 1906

Place of Burial St Peters

Date Oct 16 1906

Undertaker M. Calgan

Address 696 W. Baltimore St.

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 234 N Caroline St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Milton Herbert Geo. Simon

{Residence, if in Baltimore, Give Street and Number.} 234 N Caroline St

Duration of Residence in Baltimore. Life time B 94498

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 4th 1906

AGE ..... years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Michael Simon

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary E. Boeckner

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Simon

(Address) 234 N Caroline St

Filed Oct 16th 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 15 1906

that I last saw him alive on Oct 13th 1906,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Contributory (Primary) Gastro-Enteritis (DURATION) DAYS

(DURATION) DAYS

(Signed) C. B. Britton M.D.

Address 1711 E Balto St

Date Oct 15th 1906

Place of Burial Mount Carmel

Date Oct 16 1906

Undertaker Wendell Dieckelston

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94499 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 934 Fell St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos K Borkowicz

{Residence, if in Baltimore, Give Street and Number.} 934 Fell

Duration of Residence in Baltimore. 5 yrs B94499

PERSONAL AND STATISTICAL PARTICULARS

SEX Mail | COLOR White

DATE OF BIRTH 1

AGE 44 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Borkowicz

(Address) 934 Fell St

Filed Oct 16 1906 Registrar

Cert 6 Rec

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Oct 15 1906

that I last saw h alive on Oct 15 1906

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 36 hrs

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 926 S Broadway

Date Oct. 15. 1906

Place of Burial St. Marys Cemetery

Date Oct 16 1906

Undertaker Wendell Diffenderfer & Son

Address 220 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

94500

Registered No. B 176

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 S. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Caplan

{Residence, if in Baltimore, Give Street and Number.} 421 S Caroline St

Duration of Residence in Baltimore. 5 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH 1882

AGE 24 years, — months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR~~ DIVORCED Divorced

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Sam Caplan

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Cohen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant H. Miller

(Address) 830 E Baltimore st

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

1 Bled To Death

" Both Internal Jugular Veins severed "

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Homicide

..... (DURATION) ..... DAYS

(Signed) ..... M.D.

Address Thomas Ludlow Grump

Date 320½ Guilford Ave 1906

Place of Burial Philip Rd Rosedale

Date Oct 16, 1906

Undertaker Mt Levinson

Address 1138 Low st.

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 526 N Fulton Av. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs. Nellie Cobill 894501

{ Residence, if in Baltimore, Give Street and Number. } Prince George Co. Md

Duration of Residence in Baltimore. visiting Balto. for last week

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D. C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Inmate of Spring Grove for two mos. preceding Oct. 1st '06

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas McDonald

(Address) 526 N. Fulton Av.

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull & shock, Jumped from 3rd story window of 526 North Fulton av. while insane (DURATION) ... DAYS

Contributory (Primary.) Insanity of about one year (DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Coroner)

Date Oct 16 1906

Place of Burial Washington DC

Date Oct 16, 1906

Undertaker W. Burkington Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ...

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1113 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louisa H Linsley

{ Residence, if in Baltimore, Give Street and Number. } 1113 Division St

Duration of Residence in Baltimore. 25 years B94502

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ... 1 ...

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) V.A.

FULL NAME OF FATHER Do Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lollie Norris

(Address) 1110 Division St

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 15 AM 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Oct 15 1906

that I last saw him alive on Oct 14 1906,

and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma & Dropsy

Continued

4 months (DURATION) 10 DAYS

Contributory (Primary.) Heart

(DURATION) 10 DAYS

(Signed) Dr. G W Reinhard M.D.

Address 708 Ensor St

Date Oct 15th 1906

Place of Burial Mt Auburn

Date Oct 16. 1906

Undertaker Alex Hensley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 94503 — Registered No. 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 230½ Mosher Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ralphy J and Georgie V Fuhrman

{Residence, if in Baltimore, Give Street and Number.} 230½ Mosher Ave

Duration of Residence in Baltimore. Life

B94503

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Oct 14 1906	
AGE: ..... years, ... months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Ralphy J Fuhrman	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Ray	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Infant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ralphy J Fuhrman

(Address) 230½ Mosher Ave

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16" 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Oct 16 1906

that I last saw him alive on Oct 16 1906,

and that death occurred, on the date stated above, at 4

9 M. CAUSE OF DEATH (Secondary or Immediate)

Immaturity. (7 months Foetus)

..... (DURATION) ..... DAYS

Contributory (Primary.) unknown

..... (DURATION) ..... DAYS

(Signed) S. R. Wantz M.D.

Address 765 - 3rd Ave

Date Oct 16 1906

Place of Burial St. Mary's-Hampden

Date October 16 1906

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 — Registered No. B 94504

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 818 Second Ave (Hampden) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie C. C. Keiser

{ Residence, if in Baltimore, Give Street and Number. } 818 Second Av (Hampden

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: white

DATE OF BIRTH: Dec 14 1905

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Howard Keiser

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Eliza V. Frederick

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Keiser

(Address)

Filed 10/16 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Oct 15 1906 that I last saw h 6 alive on Oct 13 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) General debility a Bowel Trouble (DURATION) DAYS

(Signed) S. J. E. Benson M.D.

Address Cockeysville

Date Oct 15 1906

Place of Burial Cockeysville Md

Date Oct 16 1906

Undertaker D. S. McDonald

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 94505 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2453 Barclay St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Brightman

{Residence, if in Baltimore, Give Street and Number.} 2453 Barclay St

Duration of Residence in Baltimore. Life time B94505

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clothing Designer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Brightman

(Address) 2453 Barclay St

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30 1906 to Oct 14 1906 that I last saw him alive on Oct 14 1906, and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease

(DURATION) DAYS

Contributory (Primary) Last illness about

2 weeks (DURATION) DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Oct 15 1906

Place of Burial Loudon Park

Date October 17 1906

Undertaker William Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **color**, **age**, **occupation** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7 — 94506 — Registered No. B [illegible] 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1544 Nordyan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Cecilia Lee

{ Residence, if in Baltimore, Give Street and Number. } 1544 Nordyan St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH June 1905

AGE 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Franklin Lee

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Thomas

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Thomas

(Address) 1544 Nordyan St

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Oct 15 1906

that I last saw h[illegible] alive on Oct 15 1906

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchopneumonia

(DURATION) 2 DAYS

Con'tributory (Primary.) Asthenia (DURATION) 1 DAYS

(Signed) T E Daugherty M.D.

Address 2526 Penna Ave

Date Balto Oct 16 1906

Place of Burial St Peters C[illegible]

Date Oct 16 1906

Undertaker [illegible] Johnson

Address 614 Baker

BARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

94507

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Harford Av ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Lusk

{ Residence, if in Baltimore, Give Street and Number. } 941 Harford Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1855

AGE: 51 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lusk

(Address) 941 Harford Ave

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15th 1906

I HEREBY CERTIFY, That I attended deceased from June 17th 1906 to Oct. 15th 1906

that I last saw h[illegible] alive on Oct. 13th 1906,

and that death occurred, on the date stated above, at ——

——M. CAUSE OF DEATH (Secondary or Immediate)

A fracture of the Thigh in June. Compelling to her remain in bed all Summer. Wearing her out. (DURATION) DAYS

Contributory (Primary.) Gastritis for Two months (DURATION) DAYS

(Signed) Jno Burke Bay 6 M.D.

Address 1007 N. Calvert St.

Date 190

Place of Burial Rev. Cathedral

Date Oct 18th 1906

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 21

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94508

City of Baltimore, (No. 2818 Clifton Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Nixon Kelly.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 24 (Month) (Day) 1888 (Year)

AGE: 18 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: James J. Kelly.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret L. Callahan

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Clerical position

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Warren Edwards.

(Address) 2818 Clifton Ave

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October - 15th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 30 1906 to Oct 15 1906

that I last saw h er alive on Oct. 14 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis an acute course probably much less than one year's duration

Contributory Asthenia. —

(DURATION) — DAYS

(Signed) G. Carroll Lockard. M.D.

Oct 15 1906 (Address) 1621 W Lafayette Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Oct. 18th 1906

UNDERTAKER: Evans & Spence

ADDRESS: 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 3 Registered No. B 94509

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 207 Aisquith Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Georgiana Victoria Munroe.

{ Residence, if in Baltimore, Give Street and Number. } 207 Aisquith Street.

Duration of Residence in Baltimore. all life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR African

DATE OF BIRTH ~~Oct 15~~ 1

AGE 67 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) ~~Scotland~~ Portugal Co. No

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Sarah Tod

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Graham

(Address) 213 Aisquith St

Filed 10/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1906 to Oct. 15 1906

that I last saw her alive on Oct. 14 1906

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory (Primary.) Indolent Ulcer over 24 yrs. duration.

(DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date October 15, 1906

Place of Burial Laurel Cemetery

Date Oct 16 1906

Undertaker W. M. Chase

Address 1011 Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 824 Woodyer St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant of Eliza Ray

{ Residence, if in Baltimore, Give Street and Number. } 824 Woodyer St

Duration of Residence in Baltimore. Life B94510

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: 14 Aug — 1	
AGE: — years, 2 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore Md	
FULL NAME OF FATHER: Robt McClain	
BIRTHPLACE OF FATHER (State or country): Balt Md	
MAIDEN NAME OF MOTHER: Eliza Ray	
BIRTHPLACE OF MOTHER (State or country): Baltimore	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Ray

(Address) ~~20~~ 824 Woodyer St

Filed 10/16 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octo. 14th 1904

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate) Inanition

from birth (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lex. ave. (Comm)

Date Octo. 15th 1906

Place of Burial Laurel

Date Oct 17 1906

Undertaker S. F. Chase

Address 1011 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94511

City of Baltimore, (No. Wesley Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Lowell

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug (Month) 25 (Day) 1906 (Year)

AGE — years, 1 months, 19 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balt Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lowell

(Address) Wesley Ave St

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Oct 14 1906

that I last saw him alive on Oct 14 1906,

and that death occurred, on the date stated above, at 11.25 P. M. The CAUSE OF DEATH was as follows:

General Asthenia (DURATION) 14 DAYS

Contributory Inanition (DURATION) Life DAYS

(Signed) W. W. Jones M. D.

Oct 15 1906 (Address) Irvington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Oct 16 1906

UNDERTAKER Jas B Cook | ADDRESS 1003 W Balto

HARRY D. ANDREWS, DEPUTY CLERK.

WM. J. C. DULANY CO., BALTIMORE.

deceased, and the **cause and date of death.**

Ward 12 — Registered No. 74

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 N. Bradford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Smith

{Residence, if in Baltimore, Give Street and Number.} 236 N. Bradford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Colored

DATE OF BIRTH 1

AGE 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Blake Smith

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Baltimore Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 236 N. Bradford St

Filed 10/16 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 13 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 12½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Geo. Lee Carter M.D.

Address Coroners Office

Date Oct 13 - 06 190

Place of Burial Woodberry cemetery

Date Oct 16 1906

Undertaker E. Bryan

Address 2146 n Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94513 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 N. Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry J. F. Bruce

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 27 1877

AGE 28 years, 11 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER William Bruce

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Emma Gatke

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 524 N. Bond St.

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1906

I HEREBY CERTIFY, That I attended deceased from Aug 12 1906 to Oct 14 1906 that I last saw him alive on Oct 13 1906 and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'tributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) James M Fenton M.D.

Address 700 E. Chase St

Date Oct 15 1906

Place of Burial Cathedral

Date Wed. Oct. 17 1906

Undertaker H. C. Nindyard

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **date of death.**

Ward 7

94514

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1019 Peach Al St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilton Ringold

{ Residence, if in Baltimore, Give Street and Number. } 1019 Peach Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 8 1905

AGE: 1 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Walter Ringold

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Rachael Overton

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Ringold (grandmother)

(Address) 1019 Peach Av

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Chas Reinhardt M.D.

Address Coroner

Date October 15 1906

Place of Burial Mt. Auburn Cem.

Date October 17 1906

Undertaker John H. Toadvin

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

94515

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 W. Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lizzie Gibbs

{Residence, if in Baltimore, Give Street and Number.} 111 W. Montgomery St

Duration of Residence in Baltimore. Life B 94515

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ....

AGE: 59 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Wm Sodan

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Dubie Fowler

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Bailey

(Address) 111 W Montgomery

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 14 1906

that I last saw her alive on Oct 16 1906,

and that death occurred, on the date stated above, at 3.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

About 2 months (DURATION) DAYS

Contributory (Primary.) Apoplexy

About 2 hours (DURATION) DAYS

(Signed) D. F. Fowler M.D.

Address 1125 S. Paca St

Date Oct 17th 1906

Place of Burial Laurel Cem.

Date October 16 1906

Undertaker Johnston Funeral

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 Shakespear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Brzyski

{Residence, if in Baltimore, Give Street and Number.} 1626 Shakespear St

Duration of Residence in Baltimore. 4 Months B 94516

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 3 1906

AGE: ..... years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Bielawy Miss

FULL NAME OF FATHER: Frank Brzyski

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Tekla Obrzyska

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Brzyski

(Address) 1626 Shakespear St

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15 1906

I HEREBY CERTIFY, That I attended deceased from October 14 1906 to October 14 1906

that I last saw h[illegible] alive on October 14 1906,

and that death occurred, on the date stated above, at 24

M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis (DURATION) 20 DAYS

Contributory (Primary) Indigestion

(DURATION) 8 DAYS

(Signed) L. Szwalski M.D.

Address 722 S. Ann St

Date October 15 1906

Place of Burial St Stanislaus

Date Oct 16 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 Cookesie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip W. Perkins

{Residence, if in Baltimore, Give Street and Number.} 1131 Cookesie St

Duration of Residence in Baltimore. Life B94517

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	March 2 1906
AGE	— years, 7 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Richard W Perkins
BIRTHPLACE OF FATHER (State or country)	Washington DC
MAIDEN NAME OF MOTHER	Carrie E Roon
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie E Perkins (mother)

(Address) 1131 Cookesie St

Filed 10/16 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date October 15 1906

Place of Burial Holy Cross. Cem.

Date October 16 1906

Undertaker David and Margaret F Glenn.

Address 42. East Fort Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the deceased, and the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94518

Registered No. B.....

City of Baltimore, (No. 14 E. Monlgomery St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Serale F. Potter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 13 (Day) 1839 (Year)

AGE: 67 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Connecticut

FULL NAME OF FATHER: Eri Williams

BIRTHPLACE OF FATHER (State or country): Connecticut

MAIDEN NAME OF MOTHER: Sarah M. Brigden

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Bevans

(Address) 14 E. Monlgomery St

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to Oct 15 1906 that I last saw her alive on Oct 15 1906, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 21 DAYS

Contributory Heart Disease

Senile Debility (DURATION) unknown DAYS

(Signed) Frances E. Carpenter M. D.

Oct 16 1906 (Address) 821 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Norwich Conn | DATE OF BURIAL: OCT 17 1906 190

UNDERTAKER: Armstrong Denny Co. | ADDRESS: 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. 35 S. Front St St.

If Death occurred in Hospital or Institution give its Name instead of Street and Number

Full Name ... James Cud

{ Residence, if in Baltimore, Give Street and Number. } 35 S. Front St ~~523 E. Pratt St.~~

Duration of Residence in Baltimore. ... Life

B94519

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 25th 1903

AGE ... years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balt.

FULL NAME OF FATHER William Cud.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary Ching.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cud.

(Address) 35 S. Front St.

Filed 10/16 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15th 19

I HEREBY CERTIFY, That I attended deceased from Sept 22d 1906 to Oct 13th 1906

that I last saw him alive on Oct 13th 1906,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

?

(DURATION) ... DAYS

Contributory (Primary) Inanition.

(DURATION) — DAYS

(Signed) T. Riggs M.D.

Address 1574 Division St.

Date Oct. 15th 1906

Place of Burial Mt Evergreen.

Date Oct. 17th 1906

Undertaker H. Baudendistel & Sons

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Filed 10/1

Ward 7 94520 Registered No. 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 935 Pages Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred Burk

{Residence, if in Baltimore, Give Street and Number.} 935 Pages Ct

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: ..... 1 .....

AGE: ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Tommy Green

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Lessie Burke

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lessie Burk

(Address) 935 Pages Ct

Filed 10/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

~~I HEREBY CERTIFY, That I attended deceased from~~

as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate) Laceration

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date Oct 16 1906

Place of Burial Laurel Cemetery

Date Oct 16 1906

Undertaker R. S. Elliott

Address 20 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 94521 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 Raborg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barney Griffin

{Residence, if in Baltimore, Give Street and Number.} 1217 Raborg St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Blk
DATE OF BIRTH	Unknown 1
AGE	49 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Richard Griffin
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Rachel Clayton
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Griffin

(Address) 1217 Raborg St

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 15 1906

that I last saw h.. alive on Oct 15 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 5 DAYS

Con'ributory (Primary.) Apnoea

(DURATION) DAYS

(Signed) J Norwood M.D.

Address 1324 Pennsylvania Ave

Date Oct 16 1906

Place of Burial Mt. Auburn Cemetery

Date Oct 17. 1906

Undertaker R. St. C. Elliott

Address 606 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9452? Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 2904 O Sammelst St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C McSublinsky

{Residence, if in Baltimore, Give Street and Number.} 2904 O Sammelst

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 5 1906

AGE: ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John McSublinsky

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Anna Pasla

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McSublinsky

(Address) 2904 O Sammelst

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 14 1906

that I last saw h.... alive on Oct 14 1906

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Oct 16 1906

Place of Burial Immanuels Cemetary

Date Oct 16 1906

Undertaker Louis Kleeman

Address 6 S Caroline st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

93

94523

Registered No. B.....

City of Baltimore, (No. 1016 N. Chapel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gregg H. Kiss

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 12 (Month) 5 (Day) 1905 (Year)

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Howard Kiss

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sarah Johnson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Sarah Kiss

(Address) 1016 N. Chapel St

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Oct 15 1906 that I last saw him alive on Oct 15 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Saw the child once mother stated that he had been sick a week

Pneumonia (DURATION) ..... DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) John Ayd M. D.

Oct 17 1906 (Address) 1937 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Oct 17 1906

UNDERTAKER: R. H. Gilbert — ADDRESS: 505 E. Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94524

Registered No. B .....

City of Baltimore, (No. 1017, Clifton Place St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. O'Neill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August (Month) 11 (Day) 1851 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: John O'Neill

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Katherine Handy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margt Crumpton

(Address) 1017 Clifton Place

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Oct 14 1906

that I last saw her alive on Oct 13 1906,

and that death occurred, on the date stated above, at 3.10 P. M. The CAUSE OF DEATH was as follows:

Long Continued (Probably) Myocarditis of

several months (DURATION) DAYS

Contributory + acute Lobar

Pneumonia (DURATION) 10 DAYS

(Signed) Charles O'Donovan M. D.

1906 (Address) 10 E. Read St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Oct 17 1906

UNDERTAKER: J. G. Kidgfield | ADDRESS: Evergreen Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 94525 — Reg. — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 735 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caudas S. Feres

{Residence, if in Baltimore, Give Street and Number.} 735 W. Fayette St

Duration of Residence in Baltimore. 5 mths - B94525

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 30th 1859

AGE 47 years, 5 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Daniel Kornman

BIRTHPLACE OF FATHER (State or country) Pa.

MAIDEN NAME OF MOTHER Mary Long

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. W. Feres (husband)

(Address) 735 W. Fayette St

Filed 10/16 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Oct 14 1906 that I last saw her alive on Oct 13 1906 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Abt (DURATION) 5 mths DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 wk DAYS

(Signed) Henry C. Okee M.D.

Address 1203 W. Fayette St

Date Oct 15th. 1906

Place of Burial Loudon Park Cemetery

Date Oct. 17th 1906

Undertaker Mr. & Mrs. John H. Teufel

Address S.W. Cor. Fayette & Fremont Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. U. S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theodore Olsen

{ Residence, if in Baltimore, Give Street and Number. } Marine Hospital

Duration of Residence in Baltimore. Eight days B94526

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Sweden

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. L. Williams

(Address) U.S. Marine Hospital

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1906

I HEREBY CERTIFY, That I attended deceased from October 8 1906 to October 16 1906 that I last saw h— alive on October 16 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Enteric fever

(DURATION) DAYS

(Signed) L. L. Williams M.D.

Address U.S. Marine Hospital

Date October 16 1906

Place of Burial M E Cemetery

Date Oct 16th 1906

Undertaker H. E. Hughes

Address 17 S. Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94527 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Robinson

{Residence, if in Baltimore, Give Street and Number.} St Vincent Infant Asylum

Duration of Residence in Baltimore. Life time B94527

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Sept 9, 1906

AGE: ....years, 1 month, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Asy.

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Sept 9 1906 to Oct 7 1906

that I last saw h[e] alive on Oct 7 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. K. Klapman M.D.

Address 1230 N Caroline

Date 10/16 1906

Place of Burial New Cathedral

Date Oct. 17th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl Addington

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent. Inf asylum

Duration of Residence in Baltimore. Lifetime B94528

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Aug 17 1906

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): L.I.

FULL NAME OF FATHER: U

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 17 1906 to Oct 16 1906

that I last saw him alive on Oct 15 1906

and that death occurred, on the date stated above, at 3 A.M.

11. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N. Caroline

Date 10/16 1906

Place of Burial New Cathedral

Date Oct. 17th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 94529 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Vincent Elbrey

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf. Asy

Duration of Residence in Baltimore. Infant

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Aug 25 1906

AGE: — years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 28 1906 to Oct 15 1906 that I last saw h[illegible] alive on Oct 14 1906 and that death occurred, on the date stated above, at 10 a M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. St. Raymond, M.D.

Address 1230 N Caroline

Date 10/16 1906

Place of Burial New Cathedral

Date Oct. 17th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Defaut Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary Smith,

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Def. Asy.

Duration of Residence in Baltimore. Lifetime B94530

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	Aug 13, 1906
AGE	____ years, 2 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. D. Asylum

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13 1906 to Oct 15 1906

that I last saw h alive on Oct 15 1906

and that death occurred, on the date stated above, at 3

M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DA

Contributory (Primary.)

(DURATION) DAY

(Signed) E A Hayward M.D

Address 123 Amherst

Date 10/16 1906

Place of Burial New Cathedral

Date Oct 17th 1906

Undertaker Martin Gahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 94531 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Norman Deaver

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Inf Asy

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	Aug 16, 1906
AGE	2 months
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from Aug 27 1906 to Oct 15 1906

that I last saw h— alive on Oct 14 1906

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Haynes M.D.

Address 1223 N Carrollton

Date 10/16 1906

Place of Burial New Cathedral

Date Oct 17th 1906

Undertaker Martin Fahey & Lowe

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 9453? — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Ludwig.

{ Residence, if in Baltimore, Give Street and Number. } 100 N. Port St.

Duration of Residence in Baltimore. 3 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR white

DATE OF BIRTH Sept 12 1878

AGE 28 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Machinist.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schrank

(Address) 100 N. Port St

Filed 10/16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 12 1906 to Oct. 13 1906

that I last saw h[illegible] alive on Oct. 13 1906,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Walter D Stark M.D.

Address Bay View Hospital

Date Oct. 14 1906

Place of Burial Holy Redeemer

Date Oct 17th 1906

Undertaker A. Funk & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 C

Registered No. B 94533

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary O'Brien

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Dec: 25th 1838	
AGE: 67 years, 10 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Peter Pendergast	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Julia Gallagher	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 10/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct: 16th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h.. alive on Oct 12 1906,

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

12 Days in bed (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Oct 16 1906

Place of Burial Holy Cross

Date Oct: 17th 1906

Undertaker Henry C. Wiedefield

Address 914 Greenmount ave:

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

19 108

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94534

City of Baltimore, (No. ~~[illegible]~~ Franklin Square Hospital (Street) (Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William P. Peacock

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 12 (Day) 1851 (Year)

AGE: 45 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): St Marys Co

FULL NAME OF FATHER: Wm Peacock

BIRTHPLACE OF FATHER (State or country): Spencers Wharf St Marys Co

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooke

(Address) 17 S Calhoun St

Filed Oct 17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 16th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1906 to the Oct. 16th 1906 that I last saw h— alive on Oct. 16th 1906 and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Strangulated Hernia.

(DURATION) 5 DAYS

Contributory Cerebral Hemorrhage

(DURATION) all life DAYS

(Signed) H. Q. Brinsfield M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence St Marys Co How long at Place of Death? 6 hrs Days

Where was disease contracted, if not at place of death? St Marys Co Md

PLACE OF BURIAL OR REMOVAL: Spencers Wharf St Marys Co. Md.

DATE OF BURIAL: 10-18 1906

UNDERTAKER: Robt. Brookeman

ADDRESS: 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 94535

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 E North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Griffith Atkinson

{Residence, if in Baltimore, Give Street and Number.} 211 E North ave

Duration of Residence in Baltimore... Life B 94535

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Alex Va

FULL NAME OF FATHER: Thomas G Atkinson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Isabella Crosall

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maurice E Atkinson

(Address) 211 E North ave

Filed 10/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15" 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12" 1906 to Oct 15" 1906

that I last saw h... alive on Oct 14" 1906,

and that death occurred, on the date stated above, at 6 Pm

M. CAUSE OF DEATH (Secondary or Immediate)

Heart affection

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(Chronic) (DURATION) Uncertain

(Signed) Henry B Howard M.D.

Address 1007 Eutaw st

Date October 16" 1906

Place of Burial Alexandria Va

Date Oct. 17 = 1906

Undertaker E M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B.....

69

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eugene Monniken

{ Residence, if in Baltimore, Give Street and Number. } 207 Cromwell st

Duration of Residence in Baltimore. life B94536

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: F. M. Monniken

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): X X

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 1209 W Balto

Filed 10/17 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to death 190

that I last saw h — alive on 190—,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy — Coma

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Carrollton ave

Date Oct. 17, 1906

Place of Burial London Park cem

Date 10-17 1906

Undertaker Robt Brookes Son

Address 1118 Calhoun st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 2028 South Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Kellenberg

{Residence, if in Baltimore, Give Street and Number.} 2028 South Charles st

Duration of Residence in Baltimore. 40 Yrs

B94537

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 7th 1835

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Michael Bartells

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont know.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edhorst

(Address) 2028 S. Charles.

Filed 10/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14th 1906.

I HEREBY CERTIFY, That I attended deceased from Sept 12 1906 to Oct. 14 1906

that I last saw her alive on Oct 14 1906.

and that death occurred, on the date stated above, at 1.15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

asphyxiation - due to failure of heart's action

(DURATION) 1 DAYS

Contributory (Primary.) old age - valvular disease of heart (DURATION) ..... DAYS

(Signed) E. Judson Miller M.D.

Address 2013 W. Balto. St.

Date October 15th 1906

Place of Burial Cedar Hill

Date October 18th 1906

Undertaker Jos. Stantebeck

Address 1818 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 94585 Registered No. 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 Brady Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dudley Garrison

{Residence, if in Baltimore, Give Street and Number.} 124 Brady Ave

Duration of Residence in Baltimore. all life

B 94538

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Feby 14th 1886

AGE: 20 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jeremiah Garrison

BIRTHPLACE OF FATHER (State or country): ~~Helen Reynolds~~

MAIDEN NAME OF MOTHER: Helen Reynolds

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Reynolds

(Address) 124 Brady Ave

Filed 10/17 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 14 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14th 1906 to Oct 14th 1906 that I last saw h[illegible] alive on Sept about the 10th 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

sick about 2 months

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. M. Duncan M.D.

Address Granstown

Date Oct 15th 1906

Place of Burial Zion Cemetery Balto Co Md

Date Oct 16 1906

Undertaker R. J. Ellicott

Address 506 Rugles Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94539

City of Baltimore, (No. 1529 McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Romulus Riggs Griffith

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	3 (Month) 7 (Day) 1830 (Year)
AGE	76 years, 7 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Romulus R. Griffith
BIRTHPLACE OF FATHER (State or country)	Baltimore.
MAIDEN NAME OF MOTHER	Rachel Merriweather
BIRTHPLACE OF MOTHER (State or country)	Baltimore.
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. R. Griffith Jr

(Address) 1529 McCulloh

Filed 10/17/06 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Oct 15 1906

that I last saw him alive on Oct 14 1906,

and that death occurred, on the date stated above, at 2.30 a.m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 15 DAYS

Contributory Senile Decay

(DURATION) 6 mo DAYS

(Signed) O. Hebron Smith M. D.

Oct 15 1906 (Address) 1928 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	October 17 1906
UNDERTAKER	ADDRESS
Lewis J. Schaefer	916 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2 Filmore st Homestead St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles J Schroder

{Residence, if in Baltimore, Give Street and Number.} 2 Filmore st

Duration of Residence in Baltimore. Lifetime B 94540

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH: February 23 1880	
AGE: 26 years, 7 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): md	
FULL NAME OF FATHER: Edward Schroder	
BIRTHPLACE OF FATHER (State or country): md	
MAIDEN NAME OF MOTHER: Cordelia Jerome	
BIRTHPLACE OF MOTHER (State or country): md	
OCCUPATION OF DECEASED: Machinist	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cordelia Schroder mother

(Address) 2 Filmore st

Filed 10/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1906

I HEREBY CERTIFY, That I attended deceased from August 6 1906 to Oct 16 1906 that I last saw him alive on Oct 16 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

about one year (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) Hermann Matthias M.D.

Address 257 Gorsuch ave

Date Oct 17 1906

Place of Burial Loudon Park

Date Oct 19 1906

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, coudition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94541

City of Baltimore, (No. 2015, N Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Priscilla King

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: about 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry K Turner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Susan Gibson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos R. King

(Address) 2015 N. Monroe

Filed 10/17 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 19 1906 to Oct 15 1906 that I last saw her alive on Oct 1 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Exhaustion following a laparotomy

(DURATION) 15 DAYS

Contributory Cancer of the liver & mouth

(DURATION) DAYS

(Signed) Geo R. Graham M. D.

Oct 16 1906 (Address) 725 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 17 1906

UNDERTAKER: Wm J Tuckerstons

ADDRESS: Loudon Park

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 94542 — Registered No. B 94542

CERTIFICATE OF DEATH.

(Place of Death.) No. No 3 Mc Dermot Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Robert Lee Hewitt

{Residence, if in Baltimore, Give Street and Number.} No 3 Mc Dermot Court,

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 28 1864

AGE: 42 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Elmer Hewitt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Amilia Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Hucktster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Manson

(Address) 1523 Jefferson

Filed 10/17 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to Oct 1906 that I last saw h[im] alive on about 3 wks 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

About (6) mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo T Gilmore M.D.

Address 105 N Bond

Date Balto Oct. 19 1906

Place of Burial Baltimore Cemetery

Date Oct 20 1906

Undertaker Louis Hermann

Address 6 S Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 94543

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 S. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name anton Haarmeyer

{Residence, if in Baltimore, Give Street and Number.} 204 S. Fulton ave

Duration of Residence in Baltimore. lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	April 3rd 1856
AGE	50 years, 5 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Henry Haarmeyer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Elizabeth Beding
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cigarmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Haarmeyer

(Address) 204 S. Fulton ave

Filed 10/17 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15" 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25" 1906 to Oct 15" 1906

that I last saw h— alive on Oct 15" 1906

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 1 ~~Months~~ DAYS

(Signed) W Blanz M.D.

Address 110 S. Gilmor st

Date Oct 16" 1906

Place of Burial St Peters ave

Date Oct 17 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94544 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 Boyd St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ellen Healey

{Residence, if in Baltimore, Give Street and Number.} 910 Boyd St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: 1867

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Ruddy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ellen Kenig

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Healey

(Address) 910 Boyd St.

Filed 10/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 15 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) Few hours DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Corner

Date Oct 17 1906

Place of Burial St. Peters Cem-

Date Oct 18 1906

Undertaker John J Conroy

Address 901 Hollins St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... 94545 Registered No. B 94545

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CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Miller

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: .....1.....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Miller

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: — — — —

BIRTHPLACE OF MOTHER (State or country): — — — —

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/17 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

Mrs Mary Hall

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 16 1906 that I last saw her alive on Oct 16 1906, and that death occurred, on the date stated above, at 2.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toban Pneumonia

Chronic diffuse Nephritis

(DURATION) DAYS

Con'tributery (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D Steel M.D.

Address Bay View Asy

Date Oct 16 1906

Place of Burial Balt Cemetery

Date Oct 17 1906

Undertaker J E Evans & Son

Address 1428 E Chase St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — 94546 — Registered No. B 94546

CERTIFICATE OF DEATH.

(Place of Death.) No. 1703 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza V. Smith

{Residence, if in Baltimore, Give Street and Number.} 1703 N Patterson Pk

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH July 29 1837

AGE 70 years, ___ mon'ts, ___ days

~~SINGLE, MARRIED, WIDOW, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Richard D. Taylor

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary McCandy

BIRTHPLACE OF MOTHER (State or country) Fauquier Va

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry V Smith

(Address) 120 B N. Patterson Park Ave

Filed 10/17 1906 HARRY O'J ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1906 to Oct 17 1906

that I last saw her alive on Oct 17 1906

and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chirosis of Liver

Peritoneal Dropsy

(DURATION) 47 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. J. Symons M.D.

Address 1028 N Wolfe St

Date 190

Place of Burial London Pk

Date Oct. 19 1906

Undertaker Robt J Turner

Address Druid Ridge

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94547

City of Baltimore, (No. 1516 Clarkson St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME John A. Crawford.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. (Month) 28 (Day) 1881 (Year)

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Lisson Alt. Crawford.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary A. Johnston

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Pharmacist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa O. Crawford.

(Address) 1516 Clarkson St.

Filed 10/17 1906

HARRY C. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 7 1906 to Oct. 15 1906 that I last saw h[illegible] alive on Oct. 14 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis.

About 9 months (DURATION) ..... DAYS

Contributory [illegible]

(DURATION) ..... DAYS

(Signed) H. Hobart Reed M. D.

Oct. 15 1906 (Address) 846 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Western Cemetery | DATE OF BURIAL Oct 18 1906

UNDERTAKER E Hartle | ADDRESS 115 E Hoffman

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 94548 — Registered No. B 94548

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2846 Parkwood Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Hamilton E. Woolf.

{Residence, if in Baltimore, Give Street and Number.} 2846 Parkwood Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 29th 1835

AGE: 71 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Charleston S. C.

FULL NAME OF FATHER: Isaac Woolf.

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hannah Woolf.

(Address) 2846 Parkwood Ave.

Filed 10/17 1906

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 17 1906 that I last saw h alive on Oct 16 1906, and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

(DURATION) DAYS

Contributory (Primary.) Chronic

(DURATION) DAYS

(Signed) Hubert C. Blake M.D.

Address 1014 N. La Fayette Ave

Date Oct 17. 1906

Place of Burial Baltimore Hebrew Cemetery

Date Oct. 19th 1906

Undertaker Jas. & Jno. H. Deutsch

Address 1 W. Eos. Fayette & Freemont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 94549 — Registered No. B 8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Martini Sharps

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. L

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Blk

DATE OF BIRTH: Sep. 25 1903

AGE: 3 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Claussen

(Address)

Filed 10/17 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Oct. 16 1906

that I last saw her alive on Oct 15 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Kissing Cough

(DURATION) 20 DAYS

(Signed) Wm. H. Claussen M.D.

Address 205 Madison Ave

Date Oct 6 1906

Place of Burial

Date 190

Undertaker

Address Health Department

JOHNS HOPKINS HOSPITAL OCT 17 1906 Commissioner Health.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 4 94550 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hilda Bauer Madden

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore.

B 94550

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Wh

DATE OF BIRTH: March 14 1905

AGE: 1 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. McNamara

(Address) 2105 Madison Ave.

Filed 10/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 4 1906 to Oct. 16 1906 that I last saw h.. alive on Oct. 15 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Whooping-cough

(DURATION) 14 DAYS

(Signed) Wm. J. McNamara M.D.

Address 2105 Madison Ave

Date 190

JOHNS HOPKINS HOSPITAL OCT 17 1906

Place of Burial

Date 190

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 9455[illegible] — Registered No. B [illegible] 8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Milton Parker

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. B

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.	COLOR: Col
DATE OF BIRTH: Nov. 6 1901	
AGE: 4 years, 11 months, 10 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: [illegible]	
BIRTHPLACE OF FATHER (State or country): Maryland	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): [illegible]	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Kellaman

(Address) 205 Madison Ave

Filed 10/17 1906 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct. 16 1906 that I last saw her alive on Oct 15 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneum.

(DURATION) 5 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 15 DAYS

(Signed) Dennis M Kellaman M.D.

Address 205 Madison Ave

Date Oct. 16 1906

JOHNS HOPKINS HOSPITAL

Place of Burial

Date OCT 17 1906 190

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 4 — Registered No. B 94552 — 8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Johnson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

B 94552

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fem.	Beh

DATE OF BIRTH: April 5 1901

AGE: 5 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis McGlannon

(Address) 2005 Madison Ave.

Filed 10/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Oct. 16 1906 that I last saw h or alive on Oct. 16 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Whooping cough

(DURATION) 75 DAYS

(Signed) Dennis McGlannon M.D.

Address 2005 Madison Ave.

Date Oct. 16 1906

JOHNS HOPKINS HOSPITAL OCT. 17 1906 FOR ANATOMICAL PURPOSES

Place of Burial

Date 190

Undertaker

Address Scudder Wm

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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94553

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1112, Elbow Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Catherine Davisson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Unknown 1 (Month) (Day) Year)

AGE About 6 mos. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister St. Elizabeth, None

(Address) St. Paul & Pleasant Sts.

Filed 10/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1906 to Oct 17 1906

that I last saw h alive on Oct 16 1906

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 21 DAYS

Contributory Marasmus & malformation

(DURATION) 4 months DAYS

(Signed) Jennie R. Bisse M. D.

Oct. 17th 1906 (Address) 810 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL JOHNS HOPKINS HOSPITAL | DATE OF BURIAL 190

UNDERTAKER ~ | ADDRESS Baltimore

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

Ward 1 — Registered No. B 94554

CERTIFICATE OF DEATH.

(Place of Death.) No. 1011 Canton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dr. Frank W. Schuessler

{Residence, if in Baltimore, Give Street and Number.} 1011 Canton St.

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 8th 1866
AGE	40 years, 1 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Bavaria Germany
FULL NAME OF FATHER	Franz J. Schuessler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Maria F. L. Noe
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	M. D.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franz J. Schuessler (father)

(Address) 1011 Canton St.

Filed 10/17 1906 HARRY O'ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1906 to Oct. 16 1906 that I last saw him alive on Oct. 16 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver (DURATION) 7 mos.

Contributory (Primary.)

Pulmonary Oedema (DURATION) 1 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caster St.

Date Oct. 16 1906

Place of Burial Loudon Park Cemetery

Date Friday Oct. 19 1906

Undertaker Germanus Trance

Address 1 Bank & Wolf Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 95

CERTIFICATE OF DEATH. 94555

(Place of Death.) No. 814 S. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Adamski

{ Residence, if in Baltimore, Give Street and Number. } 814 S. Milton Ave -

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, 12 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Thomas Adamski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Mally Joszwiak.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Iron worker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Adamski (Wife)

(Address) 814 S. Milton Ave

Filed 10/17 1906

HENRY O. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct. 16 1906

that I last saw him alive on Oct 16 1906

and that death occurred, on the date stated above, at 11 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary) Cardiac failure

2 hrs

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Oct. 17 1906

Place of Burial Holy Cross.

Date OCT 19 1906 190

Undertaker M. J. SADOWSKI

Address 909 S Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94556

City of Baltimore, (No. 809 N Parrish al. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Atelia O Burley -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Col.

DATE OF BIRTH: Aug. (Month) 1, (Day) 1905 (Year)

AGE: 1 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harry S. Burley

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Virginia Wise

BIRTHPLACE OF MOTHER (State or country): Maryland -

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie L Taylor

(Address) 809 N Parrish al.

Filed 10/17 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 15, (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1906 to Oct. 15, 1906

that I last saw her alive on Oct. 15, 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Enterocolitis

(DURATION) DAYS

Contributory Improper Feeding -

(DURATION) DAYS

(Signed) E. H. Holbrook M. D.

Oct. 16, 1906 (Address) 728 N. Carey st.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Oct 18 1906
UNDERTAKER	ADDRESS
~~Jam H Gray~~ Clarence E Wright	~~W. Fallsway~~ 1364 N Carey St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 94557 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 523, S. Bethel St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladyslaw Slowikowski

{Residence, if in Baltimore, Give Street and Number.} 523, S. Bethel St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —— 1

AGE 2 years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Teofil Slowikowski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Josephine Zytniowska

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Nony

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Zytniowska

(Address) 523 S. Bethel St

Filed 10/17/ 1906 S2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 17 1906

that I last saw h— alive on Oct 17 1906,

and that death occurred, on the date stated above, at P—

M. CAUSE OF DEATH (Secondary or Immediate)

Acute Enteritis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Klestinec M.D.

Address 16 E. Barney

Date Oct 18 1906

Place of Burial Holy Rosary

Date October 16 1906

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — 94558 — Registered No. B 87

CERTIFICATE OF DEATH.

(Place of Death.) No. #424 N.Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christopher Pfaffenberger

{Residence, if in Baltimore, Give Street and Number.} #424 N.Spring St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb 23rd 1824 1
AGE	82 years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dorothy Pfaffenberger

(Address) 424 N. Spring St

Filed 10/17/1906 SLC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 13th 1906 to Oct 16th 1906 that I last saw h sm alive on Oct 16th 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Arterio-sclerosis

(DURATION) 63 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Slingluff M.D.

Address 5 N Washington st.

Date Oct 17/1906 1906

Place of Burial Mt Carmel Cemetery

Date 10/18/06 1906

Undertaker J Herwig & Son

Address #2008 ORleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 9455)

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Dunkein

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Peter Dunkein

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Ent Lenn

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/17 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 16 1906 that I last saw h.. alive on Oct 16 1906 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse nephritis, Senility

..... (DURATION) ..... DAYS

Contributory (Primary) Cystitis

Pelvonis (DURATION) ..... DAYS

(Signed) Walter D Stone M.D.

Address Bay View Hospt.

Date Oct 17 1906

Place of Burial Holy Cross Cem.

Date Octy 18th 1906

Undertaker Wm A Inman

Address Bank & Albemarle Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 94560 — Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 S Stricker St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles M. Hibline

{ Residence, if in Baltimore, Give Street and Number. } 224 S. Stricker St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: July 13th 1904

AGE: 2 years, 3 months, 3 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Michael Hibline

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Margaret Elizabeth Lemmon

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles M. Hibline

(Address) 224 S. Stricker St

Filed 10/17 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 16 1906

that I last saw him alive on Oct 15 1906,

and that death occurred, on the date stated above, at 4

4. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 10 DAYS

Contributory (Primary.) Cause

(DURATION) 3 DAYS

(Signed) Henry E. Alle M.D.

Address 1203 W. Fayette St

Date Oct 16 1906

Place of Burial London Park Cemetery

Date October 18th 1906

Undertaker Wm. B. Brothers

Address 231 S. Stricker St

HARRY O. ANDREWS
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] 94561

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 N Glover St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Elizabeth Hoffman

{Residence, if in Baltimore, Give Street and Number.} 702 N Glover St

Duration of Residence in Baltimore. 35 years B 94361

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 16 1828

AGE 78 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Hanover Germany

FULL NAME OF FATHER Lummert

BIRTHPLACE OF FATHER (State or country) Hanover Germany

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) ——

OCCUPATION OF DECEASED Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 702 N Glover St

Filed 10/18 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 190— to —— 190—

that I last saw h alive on Oct 16 190—,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Paralysis~~ Immediate

Cause unknown

(DURATION) DAYS

Contributory (Primary.) Diarrhoea

(DURATION) 10 DAYS

(Signed) J. T. R. Rowell M.D.

Address 33 N Eutaw St

Date Oct 17-1906 190

Date of Burial October 18th 06

Date Mount Carmel 190

Undertaker Henry Lutz

Address 1007 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94562 Registered No. B 94562

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Starkloff

{ Residence, if in Baltimore, Give Street and Number. } 1216 E. Biddle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 10 1906

AGE ..... years, ... months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edward G. Starkloff

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Louisa Placke

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward G. Starkloff

(Address) 1216 E. Biddle St.

Filed 10/15 1906 HARRY D. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 17 1906

that I last saw h[illegible] alive on Oct 17 1906, 1.30

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of Umbilical Cord

7 Hours (DURATION) 7 DAYS

Contributory (Primary) Exhaustion 7 Hours (DURATION) 7 DAYS

(Signed) H. S. Gilmore M.D.

Address 173 E. Baltimore St

Date Oct 17 1906

Place of Burial Loudon Park Cemetery

Date Oct 18 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St

V

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 94563 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Addison Spriddle

{Residence, if in Baltimore, Give Street and Number.} 1108 Monument St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) BAY VIEW ASYLUM.

Filed 10/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17. 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 2. 1906 to Oct. 17. 1906

that I last saw him alive on Oct. 16. 1906

and that death occurred, on the date stated above, at 5 o'c, A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of Heart

(DURATION) Ten Days

Contributory (Primary.) Arterio Sclerosis

(DURATION) Ten Days

(Signed) H. M. Owens Jr. M.D.

Address Bay View Asylum

Date October 17. 1906

Place of Burial Mt Auburn

Date Oct 19 1906

Undertaker Jno H. Toadvine

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

Ward 12

94564 Registered No. B 94564

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 904 Plum Alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James T. Jones

{ Residence, if in Baltimore, Give Street and Number. } 904 Plum alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Archer Jones

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hester Chandler

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Chandler (aunt)

(Address) 904 Plum Al.

Filed 10/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 18 1906

that I last saw him alive on Oct 17 1906,

and that death occurred, on the date stated above, at 12.15 A.M. CAUSE OF DEATH (Secondary or immediate)

1 Bronchitis

Abortion

(DURATION) DAYS

Contributory (Primary) Pharyngitis

(DURATION) DAYS

(Signed) C. B. Turner M.D.

Address 712 S. Stricker St.

Date Oct 19th 1906

Place of Burial Mt. Auburn Cem.

Date October 18 1906

Undertaker John H. Toadvin

Address 206 W. Hill Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 94565 — Registered No. B 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 1446 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morris Finn B94565

{ Residence, if in Baltimore, Give Street and Number. } 1446 E Baltimore St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER Solomon Fink

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Celia Finkelstein

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob W. Fink

(Address) 1446 E. Balto st

Filed 10/18 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 3 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Gas Asphyxia (Acc.)

(DURATION) ..... DAYS

Contributory (Primary) Pneumonia

(DURATION) ..... DAYS

(Signed) Fredk Cornell M.D.

Address Cornell Med

Date Oct 18 - 1906 190

Place of Burial Hebrew Cem Washington Rd

Date Oct 18, 190 6

Undertaker Max Levinson

Address 1132 Low st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 94566 Registered No. B 94566

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Penny.

{ Residence, if in Baltimore, Give Street and Number. } 2448 Etting St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): St Marys Co

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 16 1906

that I last saw her alive on Oct 16 1906

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) DAYS

Con ributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Street M.D.

Address Bay View Hospital

Date Oct 17 1906

Place of Burial St Peters Cem

Date Oct 18th 06 190

Undertaker Thomas L Wright

Address 1364 Caary St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 94567 Registered No. B 94

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel H. Morrow.

{ Residence, if in Baltimore, Give Street and Number. } Private Sanitarium

Duration of Residence in Baltimore. 8 Days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 27 1878

AGE 29 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penn

FULL NAME OF FATHER Anthm S. Morrow

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER Elizabeth Allman

BIRTHPLACE OF MOTHER (State or country) Canada

OCCUPATION OF DECEASED Bookseller

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Morrow

(Address)

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18th 1906.

I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1906. to Oct. 18th 1906. that I last saw h alive on Oct 17th 1906., and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate) Tuberculous Degeneration of Right Lung.

(DURATION) 21 DAYS

Contributory (Primary.) Pleurisy

(DURATION) 14 DAYS

(Signed) H. H. Biller M.D.

Address 1710 W. Saratoga St

Date October 18th 1906

Place of Burial Clarksburg W. Va.

Date Oct. 18. 1906

Undertaker J. A. Moran

Address Bank - Ann St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94568 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Wood,

{Residence, if in Baltimore, Give Street and Number.} 310 S. Paca St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 23rd 1824

AGE 82 years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER William Douglas

BIRTHPLACE OF FATHER (State or country) Penn

MAIDEN NAME OF MOTHER Sarah Rumsfeld

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Wood

(Address) 310 S. Paca St

Filed 10/18 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17th 1906.

I HEREBY CERTIFY, That I attended deceased from Oct. 9th 1906 to Oct 17th 1906

that I last saw her alive on Oct. 16 1906

and that death occurred, on the date stated above, at 5.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy -

(DURATION) 7 DAYS

Contributory (Primary.) Old age -

(DURATION) — DAYS

(Signed) C. L. Nuckols M.D.

Address 504 S. Paca St.

Date Oct. 17th 1906

Place of Burial Mount Olivet

Date Oct. 19th 1906

Undertaker E. Schlosser & Son

Address 103 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7th 94569 Registered No. B 94569

138

CERTIFICATE OF DEATH.

(Place of Death.) No. 602 W. Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Jacob

{Residence, if in Baltimore, Give Street and Number.} 602 W. Cross St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 3 to 1873

AGE: 33 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: William Macher

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Francis Delaney

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Franklin L. Jacob

(Address) 602 W. Cross St

Filed 10/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1906 to Oct 15, 1906 that I last saw her alive on Oct 15, 1906 and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate

Puerperal Eclampsia

(DURATION) 1 DAY

Contributory (Primary.) Child birth

(DURATION)

(Signed) J. C. Linnekin M.D.

Address 653 Columbia Ave

Date Oct. 16, 1906

Place of Burial Cedar Hill

Date Oct 19 1906

Undertaker J. Schloman & Son

Address 1539 Hanover St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who a tended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 94570 Registered No. B 94570

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Carrie Taylent

{Residence, if in Baltimore, Give Street and Number.} 818 Hanover St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jan 28th 1873

AGE: 33 years, 8 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Herman Taubert

BIRTHPLACE OF FATHER (State or country): Germ

MAIDEN NAME OF MOTHER: Wilhelmina Franz

BIRTHPLACE OF MOTHER (State or country): Germ

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/18 1906

Registrar

Lemuel Hollyday, Supt. BAY VIEW ASYLUM.

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 17 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Oct 17 1906

that I last saw h a alive on Oct 17 1906

and that death occurred, on the date stated above, at 2.40

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Thiel M.D.

Address Bay View Hospl.

Date Oct 17 1906

Place of Burial Western Cem

Date Oct 20th 1906

Undertaker C. Schlosman & Son

Address 1059 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 94571 — Registered No. B ....

CERTIFICATE OF DEATH.

174

(Place of Death.) No. 1414 N Bonds St — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Winfred Pontier

{Residence, if in Baltimore, Give Street and Number.} 1414 Bonds St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH June 8 1906

AGE ... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Boots

FULL NAME OF FATHER John E Pontier

BIRTHPLACE OF FATHER (State or country) Italy.

MAIDEN NAME OF MOTHER Mary A McGann.

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A McGann

(Address) 1414 N Bond

Filed 10/18 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 6½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fred J Painter M.D.

Address Coroners Office

Date Oct 17 — 06 1906

Place of Burial Mt Auburn

Date Oct 18 1906

Undertaker Robt J Turner

Address Bway & Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94572 — Registered No. B .....

CERTIFICATE OF DEATH.

94572

(Place of Death.) No. 1610 Edmondson Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Schumacher

{Residence, if in Baltimore, Give Street and Number.} 1610 Edmondson Ave.

Duration of Residence in Baltimore. 72 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: May 10 1830

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: ~

BIRTHPLACE OF FATHER (State or country): ~

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Retired Gun Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss. Anne Schumacher

(Address) 1610 Edmondson ave

Filed 10/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 16, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1906 to Oct. 16, 1906 that I last saw him alive on Oct. 15, 1906 and that death occurred, on the date stated above, at 7 45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion

& probably, Hemorrhage

(DURATION) 16 hours

Contributory (Primary.) Nephritis

Know not (DURATION) DAYS

(Signed) John Hood, M.D.

Address 608 N. Gilmor st.

Date Oct. 17, 1906

Place of Burial Mt. Olivet Cemetery

Date Oct. 18 =, 1906.

Undertaker E. M. Mitchell

Address 1201 W. Fayette st =

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94573

City of Baltimore, (No. 2843, Bernard St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M C May

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: Feb (Month) 3 (Day) 1866 (Year)
AGE: 50 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Balto, Md
FULL NAME OF FATHER: Wm Sommerman
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER: Catherine Schmidt
BIRTHPLACE OF MOTHER (State or country): Germany
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G & M C May
(Address) 2843 Bernard st

Filed 10/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Oct 17 1906
that I last saw her alive on Oct 17 1906,
and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Hemorrhage and the Post Third of the Cerebellum

(DURATION) 5 DAYS

Contributory Paralysis

(DURATION) 5 DAYS

(Signed) Geo H Everhart M. D.
Oct 17 1906 (Address) 170 W 22d St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudan Park
DATE OF BURIAL: Oct 19 1906
UNDERTAKER: E M Mitchell
ADDRESS: 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 94574

94574

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 20 E. High St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James McCoy

{Residence, if in Baltimore, Give Street and Number.} 2231 N. Calvert St

Duration of Residence in Baltimore. X

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 14 1842

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Canada

FULL NAME OF FATHER: Jas McCoy.

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mary Jane McCoy

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Consulting Engr

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs McCoy

(Address) 2231 N Calvert st

Filed 10/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Sudden 190 Death 190

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 6.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 N Caroline St. Coroner

Date Oct 18 1906

Place of Burial Druid Ridge

Date Oct 19 1906

Undertaker E M Mitchell

Address 1207 W Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17

94575 Registered No. B [illegible]

67

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 St Paul St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry Clay Reed

{Residence, if in Baltimore, Give Street and Number.} 1627 St Paul St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 19 1872

AGE 34 years, 2 months, 27 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER George Atkinson Reed

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Teresa Tisdell Jones

BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa

OCCUPATION OF DECEASED Jones

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Juliet Fisher Reed

(Address) 1627 St Paul St.

Filed 10/18 1906

[illegible] OF ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16 1906

I HEREBY CERTIFY, That I attended deceased from December 1905 to October 16 1906

that I last saw him alive on Oct. 16 1906,

and that death occurred, on the date stated above, at 8.0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 10 Days

Contributory (Primary.) Paresis

(DURATION) 9 Mos.

(Signed) Lewis R. Palmer M.D.

Address 1021 Madison Ave.

Date October 16 1906

Place of Burial Greenmount

Date October 18th 1906

Undertaker Hollenkins & Kline Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 94576 — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1526 Druidstill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Morton

{Residence, if in Baltimore, Give Street and Number.} 1326 Druid Hill Ave -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 13, 1831

AGE: 75 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore -

FULL NAME OF FATHER: George Copeland Morton

BIRTHPLACE OF FATHER (State or country): Baltimore -

MAIDEN NAME OF MOTHER: Mary Ann Packwood -

BIRTHPLACE OF MOTHER (State or country): New Orleans

OCCUPATION OF DECEASED: Flour & Grain Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Emily Morton

(Address) 1526 Druidstill ave

Filed 10/18 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to Oct 17 1906

that I last saw him alive on Oct 17 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

4 Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James C. Clarke M.D.

Address 1201 Madison Ave

Date Oct 18 1906

Place of Burial Westminster B. Yd

Date Oct 19th 1906

Undertaker Hartsfield Mon Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 153

CERTIFICATE OF DEATH.

(Place of Death.) No. 630 S. Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kowalkowski

{Residence, if in Baltimore, Give Street and Number.} 630 S. Wolf St.

Duration of Residence in Baltimore. Life-time B 94577

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 11 - - 1906
AGE	....years, 2 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Adolfph Kowalkowski.
BIRTHPLACE OF FATHER (State or country)	Russia Poland.
MAIDEN NAME OF MOTHER	Jozefph Popojaluk.
BIRTHPLACE OF MOTHER (State or country)	Russia Poland.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adolfph Kowalkowski.

(Address) #630 S. Wolfe St

Filed 10/18 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17th, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1906 to Oct 17 1906

that I last saw him alive on Oct 16 1906,

and that death occurred, on the date stated above, at 5

P. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition

Lifetime (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #709 Alice Anna St

Date Oct. 17 1906

Place of Burial St. Stanislaus

Date OCT 18 1906

Undertaker M. J. SADOWSKI

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. D 94578 — 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Jasper M Berry

{Residence, if in Baltimore, Give Street and Number.} 1504 Madison Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 3 1832

AGE: 73 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Prince George Co Md.

FULL NAME OF FATHER: Thomas Lansdale Berry

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Christiana Duke

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Real Estate Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jasper M. Berry Jr

(Address) 3019 Liberty Road

Filed 10/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 26th 1906 to Oct. 15th 1906

that I last saw h... alive on Oct 15th 1906,

and that death occurred, on the date stated above, at 11 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis Uraemia

(DURATION) ... DAYS

Contributory (Primary) Prostatic hypertrophy

(DURATION) ... DAYS

(Signed) C. F. Riggs M.D.

Address 1514 Division St

Date Oct 15th 1906

Place of Burial Greenmount Cemetery

Date October 18th 1906

Undertaker Stewart & Mowen Co.

Address 215 Park avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V (94579) Registered No. B 94579

CERTIFICATE OF DEATH.

(Place of Death.) No. 2018 Maryland ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Grace M. Chandler

{Residence, if in Baltimore, Give Street and Number.} 2018 Maryland ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	July 29 1872
AGE	34 years, 2 mon'ts, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Washington D.C.
FULL NAME OF FATHER	George C. Miller
BIRTHPLACE OF FATHER (State or country)	Washington D.C.
MAIDEN NAME OF MOTHER	Mary E. Chinn
BIRTHPLACE OF MOTHER (State or country)	St Marys Co. Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel B. Chandler

Address 2018 Maryland ave

Filed 10/18 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., Baltimore

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Sep 20 1906 to Oct 16 1906 that I last saw h[er] alive on Oct 16 1906 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Interstitial Nephritis
Chronic Bright's Dis.

Several years (DURATION) DAYS

Contributory (Primary)
Uremic Coma (DURATION) 21 DAYS

(Signed) Robt Hocking M.D.

Address Stat. Co.

Date Oct 16th 1906

Place of Burial Greenmount Cemetery

Date October 19th 1906

Undertaker Stewart & Bowen Co.

Address 215 Park avenue

Dr Hocking Govanstown

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94580 — Registered No. B 94580

CERTIFICATE OF DEATH.

(Place of Death.) No. 838 S Bond St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Schuer

{Residence, if in Baltimore, Give Street and Number.} 838 S. Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: m — COLOR: w

DATE OF BIRTH: Jan 17 1889

AGE: 17 years, 9 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): U. S.

FULL NAME OF FATHER: Peter Schuer

BIRTHPLACE OF FATHER (State or country): Ab Austria

MAIDEN NAME OF MOTHER: mary Schuer

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schuer

(Address) 838 Bond St

Filed 10/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 16 1906

that I last saw h— alive on Oct 16 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 W Baltimore

Date Oct 19 1906

Place of Burial Holy Redeemer

Date Oct. 19 1906

Undertaker Frank E Koch

Address 504 Ashland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, residence, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94581

City of Baltimore, (No. 605 W Lafayette Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carolina Ahrendt.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1851 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Andrew Hinsken

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Ahrendt

(Address) 605 W Lafayette Ave

Filed 10/18 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 16 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Oct 16 1906

that I last saw her alive on Oct 16 1906.

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of left breast, involving right breast, Glands of neck & axilla (DURATION) 2 DAYS

Contributory Cardiac dilatation (DURATION) 2 years

Cardiac Exhaustion (DURATION) 16 DAYS

(Signed) W W Raymond M.D.

Oct 18 1906 (Address) 2235 Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cem — DATE OF BURIAL: Oct 19 1906

UNDERTAKER: John E Hough & Co — ADDRESS: 1422 Pa Ave

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 94582 Registered No. B 14062

92

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Dunn

{Residence, if in Baltimore, Give Street and Number.} 1925 Union Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City Md.

FULL NAME OF FATHER: Alexander Dunn

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Jane Dunn

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: Hackman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Dunn

(Address) 1925 Union Ave

Filed 10/18 1906

PAY VIEW ASYLUM
HARRY O'T. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17. 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 9. 1906 to Oct. 17. 1906

that I last saw him alive on Oct. 17. 1906

and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory (Primary) Arteriosclerosis.

Cardiac failure (DURATION) DAYS

(Signed) N. M. Queensby M.D.

Address Bay View Asylum

Date Oct. 17th 1906

Place of Burial Baltimore Cemetery

Date Oct. 19. 1906

Undertaker Josiah Syfer

Address 16 or N. Abbott Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9458[illegible] Registered No. B 9458[illegible]

CERTIFICATE OF DEATH. 94583

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Bachelor

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH 1

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday, Supt.

(Address) BAY VIEW ASYLUM

Filed 10/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Oct 16 1906

that I last saw h[illegible] alive on Oct 16 1906

and that death occurred, on the date stated above, at 7[illegible] A.M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

Tubercular Pneumonia

Tubercular Perforation of bowel (DURATION) ..... DAYS

Contributory (Primary) Pertussis

Exhaustion (DURATION) ..... DAYS

(Signed) Walter D. Wise M.D.

Address Bay View Hospital

Date Oct. 16 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 17 1906 190

Undertaker William H Woodus

Address 611 Aisquith

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

257

Ward XII 94584 Registered No. B 94584

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Walker

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 7 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 35 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/18 1906

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 15. 1906

I HEREBY CERTIFY, That I attended deceased from June 1. 1904 to Oct. 15 1906 that I last saw h er alive on Oct. 15. 1906. and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate):

Tuberculous Broncho pneumonia

(DURATION) 18 DAYS

Contributory (Primary.) General miliary Tuberculosis. (DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date October 15. 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 17 1906 190

Undertaker William H Wooden

Address 1811 Aisken St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

[illegible] PERMIT CLERK.]

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — Registered No. B 94585

CERTIFICATE OF DEATH.

94585

(Place of Death.) No. 19 Painters court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Banks

{Residence, if in Baltimore, Give Street and Number.} 19 Painters court

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 7 1906

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis

(DURATION) — DAYS

Contributory (Primary.) Pulmonary Hemorrhage

(DURATION) — DAYS

(Signed) Benj S Hayden Coroner M.D.

Address 1216 N Caroline st

Date Oct 18 1906

Place of Burial COLLEGE OF P. & S.

Date OCT 18 1906 190

Undertaker

Address Health Department

BANK OF ANDREWS PERMIT CLERK. FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

V 51

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27 E 94586 Registered No. B 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1503 Race St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Kaiser

{ Residence, if in Baltimore, Give Street and Number. } 1503 Race St.

Duration of Residence in Baltimore. 60 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Nicolas Keyser

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Francis Hartman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Hold duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. F. W Bradley

(Address) 1503 Race St

Filed 10/18/06

HARRY O. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Oct 16 1906

that I last saw her alive on Oct 16 1906

and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

1 yr (DURATION) DAYS

Contributory (Primary.)

1 yr (DURATION) DAYS

(Signed) W. J. Smith M.D.

Address 520 Hanover St.

Date Oct 18 1906

Place of Burial Greenmount Cem

Date October 19 1906

Undertaker John E Evans & Son

Address 1428 E Chases St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94587

94587

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Binney St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Caroline Kolsdorf

{ Residence, if in Baltimore, Give Street and Number. } 915 Binney St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 19th 1863

AGE: 43 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Henschel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Kork

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Korlsdorf

(Address) 915 Binney St.

Filed 10/18 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 29th 1906 to Oct 16th 1906 that I last saw h.. alive on Oct 16th 1906, and that death occurred, on the date stated above, at 9:35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 49 DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) 49 DAYS

(Signed) D L Penkard M.D.

Address 910 S. Canton Ave

Date Oct 17th 1906

Place of Burial Mt. Carmel Cem

Date Oct. 18 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1770-1772 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 94588 — Registered No. 94588

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 Bank St — St. (If Death occurs in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherina Lauf

{Residence, if in Baltimore, Give Street and Number.} 1400 Bank

Duration of Residence in Baltimore. Lft 58 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: July 11 1828

AGE: 78 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Lauf

(Address) 1400 Bank St.

Filed 10/18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16-06 1906

I HEREBY CERTIFY, That I attended deceased from July — 1906 to Oct 16 — 1906 that I last saw h-er alive on " 16 1906 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or immediate)

Gastric Carcinoma —

6 x 8 weeks (DURATION) DAYS

Contributory (Primary.) Secondary liver Carcinoma (DURATION) DAYS

(Signed) Jno E Bruce M.D.

Address 1713 Bank —

Date Oct 18 — 1906

Place of Burial Rd. Carmel

Date Oct. 19" 1906

Undertaker HENRY SNIDER & SONS,

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94589

City of Baltimore, (No. 414, Myrtle Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Holton Hill.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored

DATE OF BIRTH: Octo (Month) 13 (Day) 1905 (Year)

AGE: 1 years, 0 months, 4 days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City.

FULL NAME OF FATHER: Charles Hill

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Eliza Colvert

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Hill (Mother)

(Address) 414 Myrtle ave Baltimore

Filed 10/18 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octo 17 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Octo 15 1906 to Octo 17 1906

that I last saw him alive on Octo 15 1906,

and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.
Failure of resolution, auth
malnutrition

(DURATION) 30 DAYS

Contributory Malnutrition since birth, about one years (DURATION) DAYS

(Signed) Pearce Kintzing M. D.

Octo 18 1906 (Address) 1823 E Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Octo 18th 1906

UNDERTAKER: Feltz B Frye — ADDRESS: 1126 Hulburgst

WM. J. C. DULANY CO., BALTIMORE

Ward 10 94590 Registered No. B 94590

CERTIFICATE OF DEATH.

(Place of Death.) No. 143 N. Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Struckmann

{ Residence, if in Baltimore, Give Street and Number. } 143 N. Montford Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 7 1

AGE 81 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Home work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carlin Schreiner

(Address) 1432 N. Montford Ave

Filed Oct 18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 16th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1906 to Oct 16th 1906

that I last saw h[illegible] alive on Oct 13th 1906

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate

Valvular Dis Heart

Four months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H O Stoner M.D.

Address 1501 Eager St

Date Oct 16th 1906

Place of Burial Baltimore Cemetery

Date October 20th 1906

Undertaker Christian Miller

Address 2334 Jefferson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8

94591 Registered No. B

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1332 Columbia av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary A Carney

{Residence, if in Baltimore, Give Street and Number.} 1332 Columbia av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug-25 1901

AGE 5 years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER James Carney

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lillie B. Cook

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Carney

(Address) 1332 Columbia Ave

Filed 10/18 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 17 1906

that I last saw her alive on Oct 16 1906,

and that death occurred, on the date stated above, at 6 50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Croup

(non contagious)

(DURATION) 5 DAYS

Con'tributory (Primary.) Asphyxia

4 hours (DURATION) DAYS

(Signed) Jos. E. Muse M.D.

Address 855 Columbia Ave

Date Oct 18 1906

Place of Burial Mt. Olivet

Date Fri. Oct 19 1906

Undertaker Wm J Tuckey & Son

Address Camden Back

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 94592 — Registered No. B 94592 — 118

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Smith

{Residence, if in Baltimore, Give Street and Number.} 1421 Decatur Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Henry Smith

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Fanny Grocott

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Smith

(Address) 1421 Decatur Str

Filed 10/18 1906 HARRY O. ANDREWS Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17" 1906 to Oct 18" 1906

that I last saw him alive on Oct 18 1906,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

Contributory (Primary.) * Appendicitis (DURATION) DAYS (acute)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkin Hospital

Date Oct 18, 1906

Place of Burial Cedar Hill Cem

Date Oct 20 1906

Undertaker Jos Stumbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

* In answer to telephone message by a.d.s.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 9455 Registered No. 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 McCulloh St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wolf Stern

{Residence, if in Baltimore, Give Street and Number.} 1425 McCulloh St.

Duration of Residence in Baltimore. Fifty four (54) years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 30th 1829

AGE: 77 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Baruch Stern

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired (Clothing) Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harold L. Stern

(Address) 2017 McKean Ave

Filed Oct 18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 17th 1906

I HEREBY CERTIFY, That I attended deceased from 4.18 AM Oct 17 1906 to 4.20 AM Oct 17 1906

that I last saw him alive on October 17th 1906,

and that death occurred, on the date stated above, at 4.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

4 hours (DURATION) ~~DAYS~~

Contributory (Primary) Arteria Sclerosis (DURATION) ? DAYS

(Signed) Louis P. Hamburger M.D.

Address 1210 Eutaw Place

Date October 17th 1906

Place of Burial Pikesville Hebrew Cemetery

Date Oct. 19 1906

Undertaker Jacob Ahrens & Co

Address 704 E. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94594 Registered No. B .....

CERTIFICATE OF DEATH. 172

(Place of Death.) No. Pier #6 Locust Point ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Jones 6.

{ Residence, if in Baltimore, Give Street and Number. } 400 ½ Bethel St.

Duration of Residence in Baltimore. 4 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Don't Know

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Don't Know.

BIRTHPLACE OF FATHER (State or country): Don't Know.

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Don't Know.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Walker 6. (mark)

(Address) 530 McElderry Court.

Filed 10/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 15. 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 6.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Otto M Reinhardt M.D.

Address Coroner

Date Octo 17. 1906.

Place of Burial Laurel Cemetery

Date Oct 19 1906

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94595 Registered No. B 94595

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Andrews.

{ Residence, if in Baltimore, Give Street and Number. } Hayward & Park Heights Ave

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 14 1849

AGE 57 years, 8 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Stevens Andrews

BIRTHPLACE OF FATHER (State or country) not Known

MAIDEN NAME OF MOTHER Elizabeth Brown

BIRTHPLACE OF MOTHER (State or country) not Known

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C. Andrews

(Address) Park Heights Ave

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 16 1906

that I last saw h in alive on Oct 16 1906,

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) — DAYS

(Signed) Rolf P. C. Bay M.D.

Address University Hospital

Date Oct 16 1906

Place of Burial Loudon Park

Date October 20 1906

Undertaker Jos. B. Cook

Address 1003 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 94595 Registered No. B

97

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 N. Stricker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Magdelina Schultz

{ Residence, if in Baltimore, Give Street and Number. } 1410 N. Stricker St.

Duration of Residence in Baltimore. 4 mo's.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 13, 1904

AGE: 1 years, 10 months, 5 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Hungary

FULL NAME OF FATHER: Geo Schultz

BIRTHPLACE OF FATHER (State or country): Hungary

MAIDEN NAME OF MOTHER: Elizabeth Teaker

BIRTHPLACE OF MOTHER (State or country): Hungary

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Schultz

(Address) 1410 N. Stricker

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 18 1906

that I last saw h[illegible] alive on Oct 17 1906

and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Bronchio Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Hummel M.D.

Address 11 N Carey St

Date Oct 18 1906

Place of Burial Holy Cross Annapolis Rd

Date Oct 19 1906

Undertaker Jos B Cook

Address 1002 W. Cold St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94597

City of Baltimore, (No. 1628, Oliver Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard L. Hildebrand

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 3 1906 (Month) (Day) (Year)
AGE	— years, 7 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	George L. Hildebrandt
BIRTHPLACE OF FATHER (State or country)	Baltimore city
MAIDEN NAME OF MOTHER	Mollie Scragg.
BIRTHPLACE OF MOTHER (State or country)	Baltimore city
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Erm Hildebrandt

(Address) 1628 Oliver Place

Filed 10/19/1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1906 to Oct. 17, 1906 that I last saw him alive on Oct. 15, 1906, and that death occurred, on the date stated above, at 6.20 P. M. The CAUSE OF DEATH was as follows:

Marasmus

Several months (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) A. A. Clewell, M. D.

Oct. 18 1906 (Address) 1741 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Schwartz Cemetery	Oct 19th 1906
UNDERTAKER	ADDRESS
Henry Lutz	100 N. Bond.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or [illegible] deceased, and the cause and date of death.

Ward ..... Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Christiana Heatherick

{ Residence, if in Baltimore, Give Street and Number. } 456 Pinkney Place

Duration of Residence in Baltimore. Life B94598

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR W.
DATE OF BIRTH 1	
AGE 4 years, 8 months, 19 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED — Single.	
BIRTHPLACE (State or country) Md	
FULL NAME OF FATHER Conrad Heatherick	
BIRTHPLACE OF FATHER (State or country) Baltimore Md	
MAIDEN NAME OF MOTHER Rosa Phar	
BIRTHPLACE OF MOTHER (State or country) Baltimore Md	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Heatherick

(Address) 456 Pinkney Place

Filed 10/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17th 1906.

I HEREBY CERTIFY, That I attended deceased from Oct. 17th 1906 to Oct. 17th 1906 that I last saw her alive on Oct. 17 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Empyema
(Operated Oct. 17th - Removed 3 qts. of large quits pus.)
(DURATION) 9 DAYS

Contributory (Primary.) Pneumonia
(DURATION) DAYS

(Signed) Wm. A. Dorsey, M.D.

Address City Hospital

Date October 17th 1906

Place of Burial Loudon Park

Date Oct 19 1906

Undertaker Swanbeck

Address 502 E North.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or deceased, and the cause and date of death.

Ward 5 — 94599 — Registered No. B 94599

CERTIFICATE OF DEATH.

(Place of Death.) No. 620 Stirling St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Knobling

{Residence, if in Baltimore, Give Street and Number.} 620 Stirling St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Mar 1857

AGE: 50 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Bald. Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Knobling (wife)

(Address) 620 Stirling St.

Filed 10/19 1906 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 18 1906

that I last saw him alive on Oct 17, 1906

and that death occurred, on the date stated above, at 1 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

dilitation

(DURATION) DAYS

Contributory (Primary.) asthma

(DURATION) DAYS

(Signed) Jno. D. Hopkins M.D.

Address 1215 E. Caroline St

Date Oct 18 1906

Place of Burial Baltimore Cem.

Date Oct. 21 06 190

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94600

Registered No. B.....

City of Baltimore, (No. St. Luke's Hospital St.; Ward)
[if death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[if death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm H. James

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate E James

(Address) 2329 H Calvert

Filed ..... 190 .....

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 25 1906 to Oct. 19 1906

that I last saw h[im] alive on Oct. 18 1906,

and that death occurred, on the date stated above, at 3-10 A. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 24 DAYS

Contributory Hemiplegia

(DURATION) 8 years DAYS

(Signed) M. E. Douglass M. D.

Oct. 19 1906 (Address) 129 E. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2329 Calvert St. How long at Place of Death 21 Days

Where was disease contracted, if not at place of death? 2329 Calvert St.

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Oct 21 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

✓ Remove to 2329 H. Calvert St

Ward 5 — 94601 — Registered No. B 94601 / 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 Griffith Co St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Velli

{Residence, if in Baltimore, Give Street and Number.} 720 Griffith Co

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Domonick Velli

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Angelenia —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anthony Velli

(Address) 720 Griffith alley

Filed 10/19 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 18 1906

that I last saw h— alive on Oct 18 1906

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1hr DAYS

Con'ributory (Primary.)

Acute Indigestion (DURATION) 1 DAYS

(Signed) J. Valentine M.D.

Address 66 S Bentley

Date Oct 18 1906

Place of Burial St. Vincents Cem.

Date Oct. 19" 1906

Undertaker Mrudell Lefpel Bro

Address 530 E. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 94602 Registered No. B 94602

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max Lerman

{Residence, if in Baltimore, Give Street and Number.} 1044 Gusaty

Duration of Residence in Baltimore. 7 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 35 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Israel Lerhiman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Yendoa Medelshon

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Bernstein

(Address) 243 S Carline st

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 18th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Oct 18 1906

that I last saw h[illegible] alive on Oct 18 1906,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 4 DAYS

Contributory (Primary.) Infected Left Arm (DURATION) 8 DAYS

(Signed) Chas. Bagley, M.D.

Address Hebrew Hospital

Date Oct. 19/06. 190

Place of Burial Philip Rd Rosedale

Date Oct. 19 190

Undertaker Max Lerman

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Mary Land University St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr Earl Bollinger

{ Residence, if in Baltimore, Give Street and Number. } 901 W Lexington St

Duration of Residence in Baltimore. Life

B 94603

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH July 17th 1898

AGE 8 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Wm J Bollinger

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Elizabeth Peart

BIRTHPLACE OF MOTHER (State or country) Balt

OCCUPATION OF DECEASED School.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Bollinger

(Address) 901 W. Lexington St.

Filed 10/19 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull (Multiple

Ran over by an automobile

accident

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harlan M.D.

Address Coroner

Date Oct 18 1906

Place of Burial London Park Cemetery

Date Oct 19th 1906

Undertaker Jas & Wm John H. Teufel

Address 604 E Lexington St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

94604

Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Barbara Albard.

{Residence, if in Baltimore, Give Street and Number.} 410 S. Chapel St.

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 12 1906

AGE 40 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Morton Griesner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret —?

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Albard

(Address) 410 S. Chapel St

Filed 10/19 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 17 1906

that I last saw h alive on Oct 17 1906

and that death occurred, on the date stated above, at 8-5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) — DAYS

Contributory (Primary) Cardiac failure

(DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Oct 17 1906

Place of Burial Holy Redeemer

Date Oct. 20 1906

Undertaker J. J. Mehn

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94605 Registered No. B 94605

CERTIFICATE OF DEATH.

(Place of Death.) No. Harris alley 902 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Delaia Easter

{ Residence, if in Baltimore, Give Street and Number. } Harris alley 902

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH September 1843

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Anne arundel co

FULL NAME OF FATHER Henry Diggs

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Watson

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Diggs

(Address) 902 Harris alley

Filed 10/19 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 = 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thos Spellen M.D. Coroner

Address 320 N Gilmor St

Date 18 = 1906

Place of Burial Ashury Cemetery

Date Oct. 19th 1906

Undertaker Chas. G. Bailey

Address 1421 Jefferson st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 94606 — Registered No. B 94606

CERTIFICATE OF DEATH.

(Place of Death.) No. 9 Heyler St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adolph Vylwok

{Residence, if in Baltimore, Give Street and Number.} 9 Heyler

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	33 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Mary Vylwok

(Address) 9 Heyler St

Filed 10/19 1906

HARRY U. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 17 1906 that I last saw h[illegible] alive on Oct 17 1906, and that death occurred, on the date stated above, at 3 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Non-Peritonitis

(DURATION) DAYS

Contributory (Primary.) Appendicitis

(DURATION) 2 DAYS

(Signed) H. Theo Banks M.D.

Address 1228 E. Church

Date Oct 18 1906

Place of Burial Passadena C. & Co Md

Date Oct 19 1906

Undertaker Armstrong & Deems Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 94607 — Registered No. B [illegible] 69

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 E Barney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Behrens.

{Residence, if in Baltimore, Give Street and Number.} 115 E. Barney St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dont Know

AGE: 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank Behrens

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Emma Goebel

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Holmes (Uncle)

(Address) 115 E Barney St

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date October 18 1906

Place of Burial Mt Olivet Cem

Date Oct 19th 1906

Undertaker John F. Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 94608 Registered No. B 94608

79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1340 S Charles St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Gross

{Residence, if in Baltimore, Give Street and Number.} 1340 S Charles St

Duration of Residence in Baltimore. Forty-years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Aug 14 1829

AGE: 77 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: Jacob Gross

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Lucretia Gross

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Gross

(Address) 1340 S Charles St

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1904 to Oct 17 1906

that I last saw him alive on Oct 17 1906

and that death occurred, on the date stated above, at 2.10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac degeneration

Dilitation.

(DURATION) 1 1/4 years

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 S Charles St

Date Oct-19 1906

Place of Burial Lorraine Cem

Date Oct 20 1906

Undertaker John J Fahey

Address 1232 Hillgate

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 94609

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94609

City of Baltimore, (No. 981, Frederick Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Anna Lauer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1 (Month) (Day) Year)

AGE: 14 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Peter Lauer

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Emma C Blair

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Oct. 17 1906 that I last saw h-r alive on Oct. 16 1906, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:

Oedema of Lungs Duration 24 hours

Croupous Pneumonia (DURATION) 7 DAYS

Contributory

Typhoid Fever (DURATION) 18 DAYS

(Signed) Howard W. Jones M. D.

Oct 18 1906 (Address) Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Oct 20th 1906

UNDERTAKER: John J Fields | ADDRESS: 1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 20 94610 Registered No. B 94610

CERTIFICATE OF DEATH.

(Place of Death.) No. 29 Stafford St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Virginia L. Vaughan

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 37 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Robert Vaughan

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Virginia Ellis

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Fulda

(Address) 1200 W. Fayette

Filed 10/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 13th 1906 to Oct 16th 1906

that I last saw her alive on Oct 13th 1906,

and that death occurred, on the date stated above, at 9:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Concussion of the brain & shock from accidentally falling down stairs in her room on Oct 13th (DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Feldmann M.D.

Address 211 W. Fayette Street

Date Oct 18th 1906

Place of Burial Mount Olivet

Date Oct 19th 1906

Undertaker John F. Fulda

Address 1200 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 94611 Registered No. B 94611

125

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 S. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Viola Catherine Hipsley

{Residence, if in Baltimore, Give Street and Number.} 115 S. Calhoun st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: July 1st 1906

AGE: — years, 3 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James E Hipsley

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Annie M. Kraning

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Hipsley

(Address) 115 S. Calhoun St.

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Oct 17th 1906

that I last saw her alive on Oct 17th 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 14 DAYS

Contributory (Primary.) Mal. nutrition

(DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 N. Loudon St

Date Oct 18th 1906

Place of Burial Cathedral Cem.

Date October 19th 1906

Undertaker Wm B. Crothers

Address 231 S. Stricker St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94612

City of Baltimore, (No. 254 Quarry Ave Street) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lloyd M Andrews

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 19 (Month) (Day) 1904 (Year)

AGE: 2 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Co

FULL NAME OF FATHER: F. E. Andrews

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Anna Andrews

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Andrews

(Address) 554 Quarry ave

Filed 10/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 18 1906

that I last saw him alive on Oct 18 1906.

and that death occurred, on the date stated above, at 1.20 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory Whooping Cough (DURATION) 96 DAYS

(Signed) C. O'Kelley M.D.

Oct 18 1906 (Address) 3532 Clark

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Oct 20 1906

UNDERTAKER: Wm E Chenoweth & Son

ADDRESS: 919 3rd ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B94613

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Williams

{Residence, if in Baltimore, Give Street and Number.} 415 W Baltimore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR B.

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Alexander Williams

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Julia Brown.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Wilson

(Address) 415 W Baltimore St.

Filed 10/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 16 1906 to Oct. 18 1906

that I last saw her alive on Oct. 18 1906,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Local Peritonitis — Melancholia — or Psychosis Typhoid. Anuria — with severe Anemia (DURATION) DAYS

Contributory (Primary.) Typhoid fever — (DURATION) DAYS

(Signed) W. R. Dorsey M.D.

Address City Hospital

Date October 18th 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 19 1906 190

Undertaker Commissioner Health.

Address Health Depart

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 5 4

HEALTH DEPARTMENT, CITY OF BALTIMORE

Ward ..... 94614 Registered No. B 94614

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Mansfield.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/19 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Oct 17 1906

that I last saw h alive on Oct 17 1906.

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Sine M.D.

Address Bay View Hospital

Date Oct 18 1906

Place of Burial COLLEGE OF P. & S

Date OCT 18 1906 190

Undertaker William R. Wooden

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

254

Ward W 94615 Registered No. B 94615

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Decd occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathias Shepherd

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR W

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) England

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

Address

Filed 10/19 1906 DAISY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 28th 1906 to Oct. 18th 1906 that I last saw him alive on Oct. 18th 1906, and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate

Gangrene of Lung - following Abscess

(DURATION) DAYS

Contributory (Primary) Pneumonia

(DURATION) DAYS

(Signed) Wm a Dorsey M.D.

Address City Hospital

Date October 18th 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 19 1906

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO. BALTIMORE

V 5 8

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 94616 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 W. West St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Klein.

{ Residence, if in Baltimore, Give Street and Number. } 112 W. West St

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 30 1860

AGE: 45 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Mayland.

FULL NAME OF FATHER: John Schmalzer

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): Dont know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Schmidle, daughter

(Address) 112 W West St.

Filed 10/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h[illegible] alive on [illegible] 190

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia.

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Otto W. Reinhardt. M.D.

Coroner

Address

Date October 18 1906.

Place of Burial Holy Cross Cem. [illegible]-A. Co.

Date Oct. 20. 06

Undertaker Daniel and Margaret [illegible]

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23 — 94617 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1732 S. Charles St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie V. Davern —

{Residence, if in Baltimore, Give Street and Number.} 1732 S Charles

Duration of Residence in Baltimore. 18 years —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 1 1879

AGE 27 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single —

BIRTHPLACE (State or country) Md —

FULL NAME OF FATHER James Davern

BIRTHPLACE OF FATHER (State or country) Ireland —

MAIDEN NAME OF MOTHER Nora Kirby. —

BIRTHPLACE OF MOTHER (State or country) Ireland —

OCCUPATION OF DECEASED Wrapper of Tin ware.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Davern (Brother)

(Address) 1732 S. Charles St

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1906

I HEREBY CERTIFY, That I attended deceased from Apr. 1906 to Oct 18 1906 — that I last saw her alive on Oct 17 1906, and that death occurred, on the date stated above, at 9:20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis of Lungs —

(DURATION) 6 Mos.

Contributory (Primary.)

(DURATION) DAYS

(Signed) C P Straus M.D.

Address 1006 Light St

Date Oct 18/06 1906

Place of Burial Cathedral Cemetery

Date Oct. 22 1906

Undertaker Hanil & Margaret G Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 94618 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2324 Esset St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie M. Plumhoff.

{Residence, if in Baltimore, Give Street and Number.} 2324 Esset st.

Duration of Residence in Baltimore. 50 yrs. B94618

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 26th 1826

AGE 80 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Plumhoff (son)

(Address) 2324 Esset St.

Filed 10/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1906 to Oct 17th 1906 that I last saw h[illegible] alive on Oct 16th 1906, and that death occurred, on the date stated above, at 7 a.m. CAUSE OF DEATH (Secondary or Immediate)

Senile Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) Herman A. Guerney M.D.

Address 1437 Cathedral Ave.

Date Oct 17th 1906

Place of Burial St. Matthews Cem

Date Oct. 19 1906

Undertaker HENRY SAEGER & SONS, [illegible] Cathedral Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94619 Registered No. B 94619

CERTIFICATE OF DEATH.

(Place of Death.) No. 2613 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Estella Reinish

{Residence, if in Baltimore, Give Street and Number.} ~~Like~~ 2613 Eastern Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH August 20th 1898

AGE 8 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harry Reinisch

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Estella Gibbins

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Reinisch

(Address) 2613 Eastern Ave

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1906 to Oct 18 1906 that I last saw her alive on Oct 18th 1906, and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Laryngeal Diphtheria and Pneumonia

(DURATION) — DAYS

Contributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date Oct 18th 1906

Place of Burial Mt. Carmel Cem.

Date Oct. 19 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts.

Address

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94620 Registered No. B 94620

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 S Montford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Chas & Emma Sprohr.

{ Residence, if in Baltimore, Give Street and Number. } 827 S. Montford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 18 1906

AGE ..... years, ... months, 10 hours ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Chas. Sprohr

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Emma Krause

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Sprohr

(Address) 827 S. Montford Ave

Filed 10/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1906 to Oct. 19 1906 that I last saw h im alive on Oct. 19 1906, and that death occurred, on the date stated above, at 7.45 M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) 10½ hrs. DAYS

(Signed) D A Waldman M.D.

Address 917 Madison Ave

Date Oct. 19th 1906

Place of Burial Mt. Carmel Cem

Date Oct 20 1906

Undertaker HENRY SANDER & SONS

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Gaston Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94621 Registered No. B 94621

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 Rock St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Hewson

{Residence, if in Baltimore, Give Street and Number.} 216 Rock St

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unk 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alfred Hewson

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sara Diggs

BIRTHPLACE OF MOTHER (State or country) N C

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elora Robinson

(Address) 1118 Forman Al.

Filed 10/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Oct 16 1906 that I last saw h-r alive on Oct 16 1906 and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 3 DAYS

Contributory (Primary) Syncope

(DURATION) DAYS

(Signed) L Monroe M.D.

Address 939 W Fayette

Date Oct 17 1906

Place of Burial Mt Auburn Cemetery

Date Oct 19 1906

Undertaker P. St Elliott

Address 506 Roger

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94622

Registered No. B .....

City of Baltimore, (No. 741, Raborg St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. K. Dodson

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored Dark
DATE OF BIRTH: Oct. (Month) 18 (Day) 1861 (Year)	
AGE: 45 years, ... months, ... days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Md. Jambille	
FULL NAME OF FATHER: Joseph Dodson.	
BIRTHPLACE OF FATHER (State or country): Jambille Md	
MAIDEN NAME OF MOTHER: Hennie Dodson	
BIRTHPLACE OF MOTHER (State or country): Jambille Md.	
OCCUPATION OF DECEASED: Retired	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Dodson

(Address) 741 Raborg St

Filed 10/19 1906

HARRY O. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: October (Month) 18 (Day) 1906 (Year)	
I HEREBY CERTIFY, That I attended deceased from Aug-18 1906 to Oct 18 1906	
that I last saw him alive on Oct-18 1906,	
and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:	
Bronchitis	
Two Months (DURATION) — DAYS	
Contributory	
(DURATION) — DAYS	
(Signed) J. Tyler Smith M. D.	
Oct 18 1906 (Address) 717 W. Carrollton Ave	

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Zion	Oct-20 1906
UNDERTAKER	ADDRESS
R. A. Elliott	R. A. Elliott

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

94623

Ward 20 — 94623 — Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 Fawn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Cullender

{Residence, if in Baltimore, Give Street and Number.} 1034 Fawn

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: May 8 1868

AGE: 38 years, 5 months, 9 days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Geo. Cullender

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Fleming

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Cullender

(Address) 1034 Fawn St.

Filed 10/19 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 17 1906 that I last saw h~~im~~ alive on Oct 17 1906, and that death occurred, on the date stated above, at P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Con'tributory (Primary.) Fall (Fracture of Rib)

(DURATION) DAYS

(Signed) J. Wharton M.D.

Address 16 S Broadway

Date Oct 17 1906

Place of Burial St. Vincents Cem.

Date Oct. 20 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

over

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 94624 — Registered No. B 94624

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Clois~~ 2019 E. Eager St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Clois Pokorny

{Residence, if in Baltimore, Give Street and Number.} 2019 E Eagar st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Pokorny

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Zronek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Sugarmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pokorny

(Address) 2019 E Eagar st

Filed 10/19 1906 — Registrar

HARRY O. MEDTNER PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 17 1906

I HEREBY CERTIFY, That I attended deceased from September 4 1906 to October 17 1906

that I last saw him alive on " 1906,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

C

Pulmonary Tub. cause.

7 Mo. (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) 17 DAYS

(Signed) William T. Talbert M.D.

Address 2128 Ashland Ave

Date Oct. 19 1906

Place of Burial Oak Hill

Date Oct. 20 1906

Undertaker Frank D. Zach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7

94625 Registered No. B 94625

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Edward Fishes

{ Residence, if in Baltimore, Give Street and Number. } 811 Columbia ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec - 18 1865

AGE: 40 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edw Fishes

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Sarah Dopkins

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Fisher

(Address) 811 Columbia ave

Filed

190

HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Oct 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7.10 P M. CAUSE OF DEATH (Secondary or Immediate)

Cancer Tongue

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Irvine Jones M.D.

Address Coroner's

Date Oct - 19 1906

Place of Burial London Park

Date Oct 20th 1906

Undertaker H M Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 94626

94626

CERTIFICATE OF DEATH.

(Place of Death.) No. 2002 Canton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel A. Dietrich

{Residence, if in Baltimore, Give Street and Number.} 2002 Canton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 21, 1859

AGE 47 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Baltimore, Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Furniture Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A. Dietrich

(Address) 2002 Canton ave

Filed 10/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 17 - 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Oct 17 1906 that I last saw h— alive on Oct 15 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

— 4 months (DURATION) DAYS

Contributory (Primary) General

Phthisis (DURATION) DAYS

(Signed) J. C. Brown M.D.

Address 1713 Bank

Date Oct 18 1906

Place of Burial St. Matthews

Date Oct 20 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager st

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94627 Registered No. B 94627

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2007 E Lombard St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Patrick Conny

{ Residence, if in Baltimore, Give Street and Number. } 2007 E. Lombard St.

Duration of Residence in Baltimore. 40yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 1853

AGE 52 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Martin Conny

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer Yrs.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A. Conny

(Address) 2007 E. Lombard St.

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 17, 1906

I HEREBY CERTIFY, That I attended deceased from July 15, 1906 to Oct. 17, 1906 that I last saw him alive on Oct. 16, 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 92 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. F. Gratty, M.D.

Address 111 S. Broadway

Date Oct. 19th 1906.

Place of Burial St. Patricks bem

Date Oct. 20th 1906

Undertaker Jno. A. Logan

Address 1217 Aisquith St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94628

Registered No. B.....

City of Baltimore, (No. 323 N. Bruce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Herbert Anderson

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	..... (Month) ..... (Day) 1 Year)
AGE	2 0 years, 0 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married—
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Robert F. Anderson
BIRTHPLACE OF FATHER (State or country)	Hartford Co—
MAIDEN NAME OF MOTHER	Annie Robinson
BIRTHPLACE OF MOTHER (State or country)	Richmond Va—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Anderson

(Address) 323 N. Bruce St.

Filed 10/19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 18th, 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 18th 1906 to Oct. 18th 1906

that I last saw h— alive on Oct 18th 1906,

and that death occurred, on the date stated above, at 1:20 P.M. The CAUSE OF DEATH was as follows:

Shock— Died under ether while being operated on for Suppurating Lymph Nodes. Groin (DURATION) 9 DAYS

Contributory Chloroform

15 minutes (DURATION) DAYS

(Signed) H. E. Beamhan— M. D.

10-18— 1906 (Address) Franklin & Saratoga

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 323 N. Bruce St. How long at Place of Death 1½ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct 20th 1906

UNDERTAKER	ADDRESS
Felix B. Pitz	102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Shan investigated this death
C. Fred Jones
Coroners Sub

Ward ..... 94629 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 142 E. Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Weeks

{ Residence, if in Baltimore, Give Street and Number. } 142 E. Hamilton st

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 65 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " " " "

MAIDEN NAME OF MOTHER: " " " "

BIRTHPLACE OF MOTHER (State or country): " " " "

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. A. F. Roberts

(Address) 438 Biddle st

Filed 10/19 1906 HARRY G. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Con'ributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj. L. Hamlin M.D.

Address 1216 N. Caroline st

Date Oct. 18 1906

Place of Burial Laurel Cemetery.

Date October 20th. 1906

Undertaker Felix B. Pye.

Address 102 E. Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the

Ward ..... Registered No. B 94630

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1649 E Eager St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Catherine Leland.

{Residence, if in Baltimore, Give Street and Number.} 1649 E. Eager st.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Pat. Gannon

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Goff

(Address) 1649 E. Eager

Filed 10/20/1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ~~alive~~ on ..... 190 .....

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Cummings Coroner

Address .....

Date Oct 19 1906

Place of Burial St. Peter's Cem.

Date Oct. 20" 1906

Undertaker John B. Lipfert

Address North & Harford Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 Registered No. B 94631

CERTIFICATE OF DEATH.

(Place of Death.) No. 967 Fredrick ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George W Schafer

{ Residence, if in Baltimore, Give Street and Number. } 967 Fredrick ave

Duration of Residence in Baltimore. Life B 94631

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 16th 1906

AGE: — years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Clyde W. Schafer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Amelia Frows

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clyde W. Schafer

(Address) 967 Fred. ave

Filed 10/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Oct 19 1906

that I last saw him alive on Oct 18 1906,

and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis (Tubercular)

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. G. Smith M.D.

Address 1628 W Lexington St.

Date Oct 19 1906

Place of Burial London Park

Date Oct 20th 1906

Undertaker C. F. McCormick

Address 1729 W. Lombard St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94632 Registered No. B 123

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henrietta Auer

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 49 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1837

AGE: 69 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Auer

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Catherine Denoon

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

Address Preston & Valley Sts

Filed 10/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Oct 17 1906,

and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cystelis

Six weeks in bed (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) F. McNamara M.D.

Address 1133 Veeley Ave

Date Oct 19 1906

Place of Burial Holy Redeemer

Date Oct 21st 1906

Undertaker Henry C. Kraming

Address 5. S. Poppleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 94633 Registered No. B

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 N. Carlton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Sarah Coleman

{Residence, if in Baltimore, Give Street and Number.} 6 N. Carlton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Oct. 18 - 1906

AGE — years, — months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER David Coleman

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Sarah Gough

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Coleman

(Address) 6. Carlton St.

Filed 10/20 1906 HARRY G. ANDREWS, PUBLIC REGISTRAR

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1906

I HEREBY CERTIFY, That I attended deceased from 10/18 1906 to 10/19 1906

that I last saw her alive on 10/18 1906

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) P. O. Dees, M.D.

Address 622 W. Lombard St

Date Oct. 19 - 1906

Place of Burial Mt Auburn Cemetery

Date Oct. 20, 1906

Undertaker F. B. Pyz

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94634

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94634

City of Baltimore, (No. Garrison Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Gantz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) 19 (Day) 1905 (Year)

AGE: 1 years, 1 months, — days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: William Gantz

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Henrietta Gerkens

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Henrietta Gantz

(Address) Garrison Lane

Filed 10/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Oct 17 1906

that I last saw h[illegible] alive on Oct 17 1906,

and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm Stone M. D.

Oct 20 1906 (Address) 834 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 22 1906

UNDERTAKER: Joseph L Rork — ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94635

Registered No. B .....

City of Baltimore, (No. 1112, Clifton Pl St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Porter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 18 (Day) 1836 (Year)

AGE: 70 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Philip Porter

BIRTHPLACE OF FATHER (State or country): Fred. Co. Md

MAIDEN NAME OF MOTHER: Mary Featherwood

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md

OCCUPATION OF DECEASED: Formerly railroader

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C H Porter

(Address) 1112 Clifton Pl.

Filed 10/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to Oct 18 1906

that I last saw h.. in alive on Oct 17 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Chronic Endocarditis. Interstitial nephritis

Two years (DURATION) ... DAYS

Contributory Uremia

(DURATION) 2 DAYS

(Signed) W G Beall M. D.

Oct 18 1906 (Address) 210 E Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Oct 22 1906

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — 94636 — Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1814 N Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F. Hammel

{Residence, if in Baltimore, Give Street and Number.} 1814 N Washington St

Duration of Residence in Baltimore. 55 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 7th 1825

AGE: 81 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Chrestain Hammel

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Weaver.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theo Gretzan

(Address) 1814 N Washington

Filed 10/20 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 18th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 16 1906 to Oct 18 1906

that I last saw him alive on Oct 18 1906

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1/2 DAYS

Contributory (Primary) arteriosclerosis

& bronchitis (DURATION) 3 mos DAYS

(Signed) F. E. Knipp M.D.

Address 1002 N. Linvale

Date Oct 19 1906

Place of Burial Loudon Park

Date Oct 20.. 1906

Undertaker Edw. J. Fanning, FUNERAL DIRECTOR.

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

179

CERTIFICATE OF DEATH.

Registered No. B 94637

City of Baltimore, (No. 805 Druid Hill Ave. St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Strow

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: ——— (Month) 1 (Day) ——— (Year)

AGE: ——— years, 6 months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: Elena Strow

BIRTHPLACE OF MOTHER (State or country): N Ca

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Henry Hopsey

(Address) 805 Druid Hill Ave

Filed 10/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1906 to ——— 190—

that I last saw h alive on Oct. 16 1906,

and that death occurred, on the date stated above, at 2.5 A. M. The CAUSE OF DEATH was as follows:

Marasmus,

(DURATION) DAYS

Contributory Improper feeding

(DURATION) DAYS

(Signed) M. A. Wales M. D.

Oct. 20 1906 (Address) 1711 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Laurel — DATE OF BURIAL: Oct. 20 1906

UNDERTAKER: J. C. Ellicott — ADDRESS: 502 Eutaw Pa

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — 94638 — Registered No. B 94638

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Wells

{ Residence, if in Baltimore, Give Street and Number. } Long Green Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Col.
DATE OF BIRTH	1
AGE	45 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ayers.

(Address) Long Green

Filed 10/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 20 1906 that I last saw h— alive on Oct 20 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tonsilitis

(DURATION) — DAYS

Contributory (Primary.) Pyelo-Nephritis

(DURATION) DAYS

(Signed) Robt P. Bay M.D.

Address University Hospital

Date Oct 20 1906

Place of Burial Long Green Balto Co Md

Date Oct 20 1906

Undertaker Stewart Mortuary Co.

Address 215 T 217 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 22

Registered No. B 94639

94639

CERTIFICATE OF DEATH.

(Place of Death.) No. 534 Burgundy alley St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice B Moore

{ Residence, if in Baltimore, Give Street and Number. } 534 Burgundy alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Moses Moore

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha Perkins

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Green

(Address) 534 Burgundy alley

Filed 10/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Oct 18 1906

that I last saw h alive on Oct 17 1906

and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Bronchitis)

Abdominal (DURATION) DAYS

Contributory (Primary) Asthma (DURATION) DAYS

(Signed) C. F. Fowler M.D.

Address 712 S. Strieker St

Date Oct 18 1906

Place of Burial Mt Auburn cemetery

Date Oct 20 1906

Undertaker Geo H Hooper

Address 607 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person **shall die in the said city it shall be** the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

94640

Registered No. B 94640

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1001 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustav Smith

{Residence, if in Baltimore, Give Street and Number.} 1818 E. Federal St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Baldis

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Smith

(Address) 1818 E. Federal St.

Filed 10/20 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 19 - 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1.30

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) Fred Carstens M.D.

Address Coroner

Date Oct 19th 1906

Place of Burial St. Thomas Holy Redeemer Cemetery

Date Oct. 22nd 1906

Undertaker Henry Houck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — 94641 — Registered No. B 94641

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 435 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza A Welty

{Residence, if in Baltimore, Give Street and Number.} 435 N. Calhoun St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: April 19 1820

AGE: 86 years, 6 months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Conrad Herriter

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Catherine Welty

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne E Welty

(Address) 435 N. Calhoun St

Filed 10/20 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: OCT 19 1906 190

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 19 1906 that I last saw h alive on Oct 19 1906 and that death occurred, on the date stated above, at 5 M. CAUSE OF DEATH (Secondary or Immediate)

Senility & debility

Arterial sclerosis

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) M D

Address N. E. Cor. Lafayette & Carrollton Aves

Date OCT 19 1906 190

Place of Burial Gettysburg Pa

Date Oct. 20 1906 190

Undertaker Chas. E. Franck

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 94642 — Registered No. B 94642

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 S. Duncan St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John G. Manns

{Residence, if in Baltimore, Give Street and Number.} 304 S. Duncan St.

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~ ~ 1836

AGE: 70 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John G. Manns

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Deitzel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine Manns

(Address) 304 S. Duncan St.

Filed 10/20 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct. 17 1906 that I last saw h— alive on Oct 17 1906, and that death occurred, on the date stated above, at 9-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) Five DAYS

Contributory (Primary.) Apoplexy

(DURATION) 5 DAYS

(Signed) H. S. Warner M.D.

Address 1120 Highland Ave.

Date Oct 18 1906

Place of Burial Bachmans Cemetery

Date Oct. 20 1906

Undertaker Germans Thaner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 94643 — Registered No. B 94643

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1407 Holbrook St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo. D. Spindler

{Residence, if in Baltimore, Give Street and Number.} 1407 Holbrook St

Duration of Residence in Baltimore. all my life for 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white.

DATE OF BIRTH cannot say, 1

AGE about 60.

60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED cannot say,

BIRTHPLACE (State or country) Emmittsburg Md.

FULL NAME OF FATHER Abram Spindler,

BIRTHPLACE OF FATHER (State or country) Emmittsburg Md.

MAIDEN NAME OF MOTHER Mary Hawkansmith,

BIRTHPLACE OF MOTHER (State or country) Emmittsburg Md.

OCCUPATION OF DECEASED retired soldier.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Taylor

(Address) 1407 Holbrook St.

Filed 10/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1905 to Oct 17th 1906

that I last saw h[illegible] alive on Oct 17th 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jeffers Bruce M.D.

Address 1127 Carolina St

Date Oct 18th 1906

Place of Burial National Cemetery

Date Oct 20 1906

Undertaker E. A. Kindefield Jr

Address 2113 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94644

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 913, Bevan St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Millard R. Neisser

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 18 (Month) (Day) 1906 (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto city

FULL NAME OF FATHER: Millard H. Neisser

BIRTHPLACE OF FATHER (State or country): Balto city

MAIDEN NAME OF MOTHER: Violet Stewart

BIRTHPLACE OF MOTHER (State or country): Washington D. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. H. Neisser

(Address) 913 Bevan

Filed 10/20/ 1906

HARRY O. ANDREWS
REGISTRAR

S.S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Oct 19 1906

that I last saw h/ll alive on Oct 19 1906,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) 2 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. Grisham M. D.

Oct 19 1906 (Address) 1343 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mount Olivet	Oct 20 1906
UNDERTAKER	**ADDRESS**
F. A. Krause & Bro	703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94645 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asy. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name James Fisher

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH Sept. 23rd 1906

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 10-27 1906 HARRY O. ANDREWS, PERMIT CLERK. S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 19th 1906

that I last saw h[illegible] alive on Oct 19th 1906

and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J. H. B. Keegan M.D.

Address 1529 Park Ave

Date Oct 20th 1906

Place of Burial New Cathedral

Date Oct 20th 1906

Undertaker Martin Fahey & Son

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 94646 — Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irwin Johnson

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Sept. 17 1906
AGE	..... years, 1 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Irwin Johnson
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/27 1906

S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 19th 1906

that I last saw h-- alive on Oct 19th 1906

and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. H. E. Seegan M.D.

Address 1529 Park Ave

Date Oct 20th 1906

Place of Burial New Cathedral

Date Oct. 20th 1906

Undertaker Martin Fahey & Sons

Address 686 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94647 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Teresa Williams

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Oct. 2nd 1906

AGE ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Cuba

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/20 1906

S.S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 19th 1906

that I last saw her alive on Oct 19th 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. H. B. Keegan M.D.

Address 1529 Eutaw Ave

Date Oct 20th 1906

Place of Burial New Cathedral

Date Oct. 20th 1906

Undertaker Martin Dalby & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 4 Registered No. B 94648

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr Cary

{Residence, if in Baltimore, Give Street and Number.} 339 Courtland St

Duration of Residence in Baltimore. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 27 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Booker Carey

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ann Scott

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Spencer

(Address) 339 Courtland

Filed Oct 21 1906 [HARRY C. ANDREWS, PERMIT CLERK.]

Registrar

C.V.C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to Oct 20 1906

that I last saw him alive on Oct 20 1906

and that death occurred, on the date stated above, at 2.08 a.m. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Macallum M.D.

Address Johns Hopkins Hosp.

Date Oct 20 1906

Place of Burial Farmville Prince Edward Co Va

Date October 21 — 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94649 Registered No. B 16

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm A. Williams

{Residence, if in Baltimore, Give Street and Number.} 347 E. 21 St Sh.

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Wh

DATE OF BIRTH: Jan 23 1891

AGE: 15 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): W. Va

FULL NAME OF FATHER: Geo. A Williams

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Fanny Wallace

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Apprentice Upholster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo A. Williams

(Address) 347 E. 21 St

Filed 10/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Oct 19 1906

that I last saw h— alive on —1906—,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) 1 DAYS

Contributory (Primary) accidental fall down Elevator shaft (DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Caroline St.

Date Oct. 20 1906

Place of Burial Loudon Park

Date Oct 21 1906

Undertaker Wm Cook

Address 502 E Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 94650 — Registered No. B ... 106

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary Deems

{Residence, if in Baltimore, Give Street and Number.} 321 N. Clinton St.

Duration of Residence in Baltimore. Forty years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED. Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Deems

(Address) 321 N. Clinton St

Filed 10/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19 1906

I HEREBY CERTIFY, That I attended deceased from October 19 1906 to October 19 1906

that I last saw h.. alive on October 19 1906,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypaemia

(DURATION) DAYS

Contributory (Primary.) Intestinal obstruction

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph Hospital

Date October 19th 1906

Place of Burial Balto Cemetery

Date Oct 22 190

Undertaker Wm Cook

Address 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

94651

Registered No. B 94651

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 S. Howard St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenza H. Litz

{Residence, if in Baltimore, Give Street and Number.} 407 S. Howard St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: Aug 21st — 1906

AGE: ..... years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Sammy Shultz

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Beatrice Welty

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beatrice Welty

(Address) 407 S. Howard St

Filed 10/21 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 20 1906

that I last saw him alive on Oct 19 1906

and that death occurred, on the date stated above, at 4.30

I. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Smith M.D.

Address 537 Hanover St.

Date Oct 22 1906

Place of Burial Loudon Park

Date Oct 23 1906

Undertaker Henry H. Shultz

Address 611 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 94652 Registered No. B 94652

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 Thursleys Court St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name John Jones.

{Residence, if in Baltimore, Give Street and Number.} 12 Thursleys Court

Duration of Residence in Baltimore. life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Alice Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Jones

(Address) 12 Thursleys Ct

Filed 10/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 23 1906 to Oct 20 1906

that I last saw him alive on Oct 20 1906

and that death occurred, on the date stated above, at 8.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

Dyspeptic diarrhoea

two months. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry White M.D.

Address 906 Gorsuch Ave

Date Oct 20. 1906 1906

Place of Burial Laurel Cemetery

Date Oct 22. 1906

Undertaker A. M. [illegible]

Address 700 Regent St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94653

City of Baltimore, (No. 500 Biddle Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Goldie Beatrice Smoot

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	B
DATE OF BIRTH	January (Month) 13 (Day) 1905 (Year)
AGE	1 years, 9 months, 4 days
SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Isaac Smoot
BIRTHPLACE OF FATHER (State or country)	North Carolina
MAIDEN NAME OF MOTHER	Laura Tisby
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura F Smoot

(Address) 500 Biddle alley

HARRY O. ANDREWS
REGISTRAR OF VITAL STATISTICS

Oct 19 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Oct 13th 1906 that I last saw her alive on Oct 13th 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia (DURATION) 10 DAYS

Contributory Entero colitis (DURATION) 4 weeks

(Signed) Henry M. Fiske M. D.

Oct 20 1906 (Address) Johns H. Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 21 1906
UNDERTAKER A. L. Elliott	ADDRESS 508 N. Pa

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth the cause of death, as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased,

Ward 11 94654 Registered No. [illegible] 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 850 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlie Satchell

{Residence, if in Baltimore, Give Street and Number.} 850 Tyson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1900

AGE 5 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Charles Satchell Sr

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Edith Stokes

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Satchell Sr

(Address) 850 Tyson st

10/21 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 19th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 19 1906

that I last saw him alive on Oct 19 1906

and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate) Bronchitis

(DURATION) 9 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 9 DAYS

(Signed) W. H. Fowler M.D.

Address #1125 Druid Pl

Date Oct 20 1906

Place of Burial Woodlawn Cemetery

Date Oct. 21 1906

Undertaker John B. Pegg & Co

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case came under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased,

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in t

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said the Physician who attended during his or her last sickness, or the Coroner, when the case comes under ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased,

HEALTH DEPARTMENT, CITY OF BALTIMORE.

157

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94655

City of Baltimore, (No. 1470 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Inf. and of Thomas J. & Annie Robey.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. 20 (Month) (Day) 1906 (Year)

AGE: 13 hours. ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Thomas J. Robey

BIRTHPLACE OF FATHER (State or country): Washington D. C.

MAIDEN NAME OF MOTHER: Annie Darnall

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J. Robey

(Address) 1470 N. Carey St.

Oct 6 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 20 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Oct 20 1906

that I last saw h... alive on Oct 20 1906,

and that death occurred, on the date stated above, at 4:30 P. M. The CAUSE OF DEATH was as follows:

Premature Birth

Weak 6½ Months

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Thomas J. Talbott M. D.

Oct 20 1906 (Address) 250 E. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Oct. 21 1906

UNDERTAKER: Harris C. Syfer

ADDRESS: 1600 N. North

WM. J. C. DULANY CO., BALTIMORE

deceased, and the cause and date of death.

Ward 11

94656 Registered No. B 9[illegible]

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 400 Nave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Annie McElaney

{Residence, if in Baltimore, Give Street and Number.} 400 Nave Ave

Duration of Residence in Baltimore. Forty-five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Burke

(Address) 400 Nave St.

Filed 10/21 190 6 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20th 190[illegible]

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DA

Contributory (Primary.) Colic —

(DURATION) DA

(Signed) Silas Hardin M

Address 710 Leg. Av. Comm

Date Oct. 20th 190

Place of Burial New Cathedral

Date 10 - 22 my 190

Undertaker Wm. M. Gawthrop

Address [illegible] N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 94657 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 243 Hartrison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia Posnansky

{Residence, if in Baltimore, Give Street and Number.} 245 Hartrison St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Dec 21st 1823	
AGE: 83 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Prussia	
FULL NAME OF FATHER: Abraham Kohroth	
BIRTHPLACE OF FATHER (State or country): Prussia	
MAIDEN NAME OF MOTHER: Hannah Kohroth	
BIRTHPLACE OF MOTHER (State or country): Prussia	
OCCUPATION OF DECEASED: Merchant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Moses Posnansky

(Address) 1357 W. North ave

Filed 10/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Oct 18 1906

that I last saw her alive on Oct 18, 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 10 DAYS

Con'ributory (Primary.) Senility

(DURATION) DAYS

(Signed) Benj V. Hayden M.D.

Address 1216 N. Carolina st

Date Oct 20 1906

Place of Burial Shel-Shalom Cemetery

Date Oct 21/06 1906

Undertaker Jacob Aronwald's

Address 1154 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 94658 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Carrel St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name William W. Parks

Residence, if in Baltimore, Give Street and Number. } 1404 Carrel "

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	white

DATE OF BIRTH August 21 1898

AGE 8 years, 2 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED 0

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles L. Parks

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Idgie M. Cain

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED 0

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C L Perry

1404 Carrel " (Address)

Filed 10/21 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Oct 20 1906 that I last saw h[illegible] alive on Oct 19 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) 1 DAYS

Contributory (Primary) Bronchitis

(DURATION) 4 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia

Date Oct 21 1906

Place of Burial Cedar Hill Cem

Date Oct 22 1906

Undertaker Jos. Joerdens, Son

Address 217 S. Paca "

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94659

City of Baltimore, (No. 715 N. Charles St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joshua G. Harney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October 7th 1828 (Month) (Day) (Year)

AGE: 78 years, — months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James Harney

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Eliza Uhler

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Bank President

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua G Harney Jr

(Address) Normandy Heights

Filed 10/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 19th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Oct 19 1906 that I last saw him alive on Oct 19 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Arterio-Sclerosis

(DURATION) Years

Contributory Interstitial Nephritis

(DURATION) Years

(Signed) Thomas L. Shearer M. D.

Oct 20 1906 (Address) 103 W. Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount Cem

DATE OF BURIAL: Oct 22nd 1906

UNDERTAKER: Henry W. Jenkins & Sons Co

ADDRESS: 233 N. Saratoga St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name***, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 7 Registered No. B 97660

CERTIFICATE OF DEATH.

(Place of Death.) No. 1101 W. Hamburg St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Juliane Gohlke

{Residence, if in Baltimore, Give Street and Number.} 1101 W. Hamburg St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 19th 1906

AGE 74 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Dont Know

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Dont Know

OCCUPATION OF DECEASED Wheel right.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gohlke

(Address) 1101 W. Hamburg St.

Filed 10/21 1906 Registrar

MARKET ST. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19th, 1906.

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1906 to Oct. 19th 1906 that I last saw h[illegible] alive on Oct. 19, 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Cystitis

(DURATION) 2 yrs DAYS

Contributory (Primary.) Vesical Calculus

(DURATION)

(Signed) J. H. Lumpkin M.D.

Address 653 Columbia ave

Date Oct. 19, 1906

Place of Burial St. Paul's

Date Oct. 21st 1906

Undertaker Jos. Stumbaugh

Address 318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94661 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Mc Henry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E. Buckingham

{ Residence, if in Baltimore, Give Street and Number. } 1604 Mc Henry st

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar 17th 1839

AGE: 67 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Mary Cornelia Dawes

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Robt Brooks

(Address) 17 S Calhoun st

Filed 10/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 19th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1906 to Oct 19th 1906 that I last saw h alive on Oct 18th 1906, and that death occurred, on the date stated above, at 4 a. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis

(DURATION) 2 DA

(Signed) E. A. Knorr M

Address 1727 W. Lombard

Date October 20th 1906

Place of Burial Mount Olivet cem

Date 10-21st 1906

Undertaker Robt. Brooks & Son

Address 17 S. Calhoun st

J. C. DULANY CO., BALT.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 94662 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 3355 Brack Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy N. Payne

{Residence, if in Baltimore, Give Street and Number.} 3355 Brack Ave

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Wh

DATE OF BIRTH: Oct 16 1836

AGE: 70 years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: John Dawson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Dic Rennold

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs N. Payne

(Address) 3355 Brack Ave

Filed 10/21 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct-13 1906 to Oct 20 1906 that I last saw h[illegible] alive on Oct 20 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremic Poison
Oedema of Lungs + Coma

(DURATION) 7 DAYS

Contributory (Primary) Chronic Bright's Disease of Kidneys (DURATION) ... DAYS

(Signed) Wm H Fackenan M.D.

Address 800 1st Ave

Date Oct 21 1906

Place of Burial Fredericksburg Va

Date Oct 22 1906

Undertaker J S Marshall

Address 539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DE...

Ward 13

94663

Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 First Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Richard Johnson

{Residence, if in Baltimore, Give Street and Number.} 812 First Ave

Duration of Residence in Baltimore. 29 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 14 1837

AGE 69 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Richard Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Lucy Mark

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Weaver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. L. Johnson

(Address) 812 First Ave

Filed 10/21 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Jan 2 1906 to Oct-20 1906 that I last saw him alive on Oct-19 1906, and that death occurred, on the date stated above, at 1 PM. CAUSE OF DEATH (Secondary or Immediate)

Acute Gastritis + Collapse from inability to take Nourishment

4 Days (DURATION) DAYS

Contributory (Primary) Chronic Nephritis of several yrs (DURATION) DAYS

(Signed) Wm. H. Fedderman M.D.

Address 800 1st Ave

Date 800 1st Oct-21st 1906

Place of Burial St Mary's

Date Oct 23 1906

Undertaker J. S. Montell

Address 3539 Eutaw

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT

Ward 15

94664 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 285½ Hickory Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John S. Hines

{ Residence, if in Baltimore, Give Street and Number. } 285½ Hickory Ave

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 8 1840

AGE: 66 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Hines

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cat Brown

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Farmer Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Frederick

(Address) 285½ Hickory Ave

Filed 10/21 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Oct 20 1906

that I last saw him alive on Oct 20 1906

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or immediate)

Chronic Disease

Since Aug 10 (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) D. McSmith M.D.

Address 206-3rd Ave

Date Oct 21 1906

Place of Burial St Mary's

Date Oct 22 1906

Undertaker J. L. Marshall

Address 537 Fulton Road

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B94665-missing

rd 1

94665 Registered No.

CERTIFICATE OF DEAT

2104 Cambridge

Full Name Mary Lou Jones

...more, 1 2104 Cambridge

Rest

notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward ..... 94666 Registered No. B 94666

CERTIFICATE OF DEATH.

(Place of Death.) No. 2314 Essex Alley St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Adolph Koeppen

{Residence, if in Baltimore, Give Street and Number.} 2314 Essex Alley

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5th 1846

AGE: 62 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Christian Koeppen

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Koeppen

(Address) 2314 Essex Alley St

Filed 10/21 1906

Registrar

MEDICAL CERTIFICATE OF DE

DATE OF DEATH Oct 19 —

I HEREBY CERTIFY, That I a

Oct 11 — 1906 to Oc

that I last saw h — alive on 11

and that death occurred, on the date stated a

M. CAUSE OF DEATH (Secondary or Im

D

Pneumonia Acute

(DURATION) 8 DA

Contributory (Primary.) Cardiac

Failure —— (DURATION)

(Signed) Chas L Mear M.D.

Address 619 S Paca

Date Oct - 21 — 1906

Place of Burial Trinity

Date Oct 21st 1906

Undertaker H Sander & Co

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, cause and date of death, condition** (whether married or single) of the person deceased, and th

HEALTH DEPARTMENT, City of Baltimore

Ward ..... 94667 Registered No. B 94667

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur A Bone

{ Residence, if in Baltimore, Give Street and Number. } Frostburg Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 29 years, ... months, ... days

SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John T Bone

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Sarah

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J H Morgan

(Address) Frostburg Md

Filed 10/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO. P

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Oct 20 1906

that I last saw h[illegible] alive on Oct 20 1906

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Lues

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Stephen Rushmore. M.D.

Address Johns Hopkins Hospital

Date Oct 20 1906

Place of Burial Frostburg. Allegany Co Md

Date Oct 22. 1906 1906

Undertaker Jos B Cook

Address 1003 W Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 10 — 94668 — Registered No. B 94668

91

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mary Malone

{Residence, if in Baltimore, Give Street and Number.} Little Sisters of the Poor

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: 1820

AGE: 86 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Patrick Malone

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Hougan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley Sts

Filed 10/21 1906 HARRY G. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 21st 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h[illegible] alive on Oct 21 1906,

and that death occurred, on the date stated above, at 1.4[illegible] a. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

5 weeks in bed (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Oct 21 1906

Place of Burial St Peters Cemetery

Date Oct 23 1906

Undertaker Martin J. Fahey & Son

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94669

Registered No. B

City of Baltimore, (No. 1095 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph, Edward Spetzler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH March 17 1906
(Month) (Day) (Year)

AGE ~~years~~, 7 months, ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~single~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frank E Spetzler

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mary E Fluckenstein

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED ~~none~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank E Spetzler

(Address) 1095 W Fayette St

Filed 10/21/1906 Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Oct. 20 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1906 to Oct. 20 1906 that I last saw h~~im~~ alive on Oct. 19 1906, and that death occurred, on the date stated above, at 1 a.m. The CAUSE OF DEATH was as follows:

Heart Paralysis due to defective development of heart

(DURATION) ~~days~~

Contributory

(DURATION) 3 days

(Signed) L H Hoffman M.D.

Oct. 20 1906 (Address) 70 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	10/22 1906
UNDERTAKER	ADDRESS
Wm J Schilling	9 S Poppleton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 94670 — Registered No. B 94670 — 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Broadway near Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Schultheis

{Residence, if in Baltimore, Give Street and Number.} 217 S Chapple St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1861

AGE 45 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr L. Schultheis

(Address) 217 S. Chapple St

Filed 10/22 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20th 1906

I HEREBY CERTIFY, That I attended deceased from ....190.... to ....190....

that I last saw h.... alive on ....190....

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate.)

Shock by being Entangled in Electric wire

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow M.D.

Address 3201 Eutaw St

Date Oct 21 1906

Place of Burial 1st German Ev

Date Oct 22nd 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, Md.

Ward 7 — 94671 — Registered No. B 94671

CERTIFICATE OF DEATH.

19

(Place of Death.) No Doorway 635 Cator St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry Waltman

{Residence, if in Baltimore, Give Street and Number.} 1705 E Madison

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 24 1877

AGE 29 years, 6 months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Elias Waltman

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Julia Miller

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edna Scatre

(Address) 1044 N. Broadway St

Filed 10/22 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 19 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 225 A. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Schmidt M.D.

Address Coroners Md.

Date October 19- 1906

Place of Burial Loudon Park

Date October 22nd 1906

Undertaker Henry Lutz

Address 1007 W. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 94672 — Registered No. B 94672

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Emma Wilson

{Residence, if in Baltimore, Give Street and Number.} 910 E. Preston St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16, 1906 to Oct 20, 1906 that I last saw her alive on Oct 20 1906, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis.

Several days (DURATION) DAYS

Contributory (Primary) Appendicitis & Heart Failure (DURATION) 3 DAYS

(Signed) C. C. Langley, M.D.

Address Md. Gen. Hospital

Date Oct 20, 1906

Place of Burial Woods Cemetery

Date Oct 22nd 1906

Undertaker H. E. Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE

Dr Langley Attended Phone Tumor of Uterus

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

94673

Registered No. B 94673

CERTIFICATE OF DEATH.

159

(Place of Death.) No. About Greene - Lexington St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Bedford A. Bowie

{Residence, if in Baltimore, Give Street and Number.} 903 Penna ave

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Feb 18 1875

AGE 31 years, 8 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) North Carolina

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Butcher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma Bowie

(Address) 903 Penna ave.

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage due to pistol shot wound through heart Suicide

(DURATION) DAYS

Con'tributory (Primary.) for Immediate

(DURATION) DAYS

(Signed) Patrick F Harlin M.D.

Coroner

Address

Date Oct 20 1906

Place of Burial Hagerstown

Date Oct 22 1906

Undertaker W. M. Routson

Address 230 N Greene St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1

94674 Registered No. B 94674

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1305 McCulloh St Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Barker Nicholson

{Residence, if in Baltimore, Give Street and Number.} 1305 McCulloh St Baltimore

Duration of Residence in Baltimore. Thirty three years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 6th 1836

AGE: 69 years, 11 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cayuga Co New York

FULL NAME OF FATHER: Edward Winslow

BIRTHPLACE OF FATHER (State or country): New York State Hartford Mass.

MAIDEN NAME OF MOTHER: Mary Amy Barker

BIRTHPLACE OF MOTHER (State or country): Mass. or Rhode Island

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Nicholson

(Address) 1305 McCulloh St

Filed 10/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 20th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 1905 to Oct. 1906

that I last saw h[illegible] alive on Oct. 20 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis R. Palmer M.D.

Address 1021 Madison ave.

Date Oct. 21 1906

Place of Burial Loudon Park Cemetery

Date Oct 23d 1906

Undertaker Stewart & Mowen Co.

Address 215 & 217 Park ave

Dr Louis R Palmer 1021 Madison ave

THOS. J. O'CULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 — 94675 — Registered No. B 94675

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 N. Schroeder St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alois Winkler

{Residence, if in Baltimore, Give Street and Number.} 202 N. Schroeder St.

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1862

AGE: 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Tayloe

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Winkler

(Address) 202 N Schroeder St.

Filed 10/22 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Oct 20 1906

that I last saw him alive on Oct 20 1906

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Toxemia

Gas

(DURATION) DAYS

Contributory (Primary) Gastritis

Chronic (DURATION) DAYS

(Signed) Robt C Bay M.D.

Address University Hospital

Date Oct. 20 1906

Place of Burial Holy Redeemer

Date Oct 23 1906

Undertaker Henry C Brauning

Address 518 Pokpleton St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 16 — 94676 — Registered No. B 94676

114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1727 Patterson Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur L. Grimm

{Residence, if in Baltimore, Give Street and Number.} 1727 Patterson Av.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male — COLOR: white

DATE OF BIRTH: May 5th 1878

AGE: 28 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto city Md

FULL NAME OF FATHER: Edw F. Grimm

BIRTHPLACE OF FATHER (State or country): Balto city Md

MAIDEN NAME OF MOTHER: Laura V. Meredith

BIRTHPLACE OF MOTHER (State or country): Balto. city, Md.

OCCUPATION OF DECEASED: Paper-hangers

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura V. Grimm

(Address) 1727 Patterson Av

Filed 10/22 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 20th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3d 1906 to Oct 20th 1906

that I last saw him alive on Oct 19th 1906,

and that death occurred, on the date stated above, at 6

Q.—11. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

Convulsions & Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) 20 DAYS

(Signed) Jno F. McCauley M.D.

Address 656 W Franklin St

Date Oct 20th 1906

Place of Burial London Park

Date Oct 22nd 1906

Undertaker Geo J Smith Co

Address 1200 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 94677 Registered No. B 94677

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 West Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R. Graham

{ Residence, if in Baltimore, Give Street and Number. } 504 West Hoffman ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: unknown 1

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. A. Bright

(Address) 504 W. Hoffman st.

Filed 10/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

due to Senility (DURATION) ... DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) ... DAYS

(Signed) Silas Baltzman M.D.

Address 700 Laf. Av. (Corner)

Date Oct. 20th 1906

Place of Burial National Cemetery

Date Oct 22d 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B 94678

City of Baltimore, (No. 532, W. Hoffman St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Taylor Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Aug. (Month) 15 (Day) 1852 (Year)

AGE: 54 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: George Johnson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Minister of Gospel

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Johnson

(Address) 532 W. Hoffman St.

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 11 1906 to Oct. 20 1906 that I last saw him alive on Oct. 20 1906, and that death occurred, on the date stated above, at 12 30 A. M. The CAUSE OF DEATH was as follows:

Apoplexy

11 (DURATION) DAYS

Contributory Hemiplegia

cure July 11/06 (DURATION) DAYS

(Signed) John G. Whitelow M. D.

Oct 20 1906 (Address) 206 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery | DATE OF BURIAL: Oct. 23 1906

UNDERTAKER: Felix B Page | ADDRESS: 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 — 94679 — Registered No. B 94679

CERTIFICATE OF DEATH.

(Place of Death.) No. 10 W. Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Nellie Johnson 6.

{Residence, if in Baltimore, Give Street and Number.} 10 W Hughes St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: August 20 1906.

AGE: ____ years, 2 months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Ernest Cornish

BIRTHPLACE OF FATHER (State or country): Baltimor Md

MAIDEN NAME OF MOTHER: Nellie Johnson 6.

BIRTHPLACE OF MOTHER (State or country): Baltimor Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Johnson 6 (mother)

(Address) 10 W Hughes St

Filed 10/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20 1906

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____ that I last saw h____ alive on ____ 190 ____ and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Otto Wm Leonhardt M.D.

Address Coroner

Date October 21 1906

Place of Burial Mt. Auburn Ct

Date Oct. 22d 1906

Undertaker S. L. Brown and Son

Address 108 W. Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 94680 — Registered No. B 94680

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence R Johnson

{Residence, if in Baltimore, Give Street and Number.} 1023 Plum alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	B.
DATE OF BIRTH	Oct. 20th 1906
AGE	——— years, ——— months, One days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	———
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Jack Johnson
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary L.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ———

(Address) Baltimore

Filed 10/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1906 to Oct. 21 1906 that I last saw h[illegible] alive on Oct. 21 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity — Inanition

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date October 22 1906

Place of Burial Mount Albion

Date Monday 22 1906

Undertaker John H. Headley

Address 206 West Hillen

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94681

Registered No. B .....

City of Baltimore, (No. 1913 — N. 8th St (Walbrook St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Wilbur L. Bosworth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 20 (Day) 1905 (Year)

AGE: 1 years, 3 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wilbur H. Bosworth

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Anna R Loud

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbur H Bosworth

(Address) 1913 — N. 8th St

Filed 10/22 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 18 — 1906 to Oct. 20 — 1906

that I last saw h[illegible] alive on Oct. 20 1906,

and that death occurred, on the date stated above, at 8.20 P. M. The CAUSE OF DEATH was as follows:

Acute Hydrocephalus,

Convulsions

(DURATION) 2 DAYS

Contributory Dentition, & Enteritis.

(DURATION) 2 DAYS

(Signed) J Brandt Wiener M. D.

Oct 21 1906 (Address) 315 N. Pocahontas

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct. 23 1906

UNDERTAKER: Jos B Cook

ADDRESS: 103 W Balto

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 94682 — Registered No. B 94682

CERTIFICATE OF DEATH.

(Place of Death.) No. 3406 Walbrook Ave. Walbrook St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franklinea Grant

{Residence, if in Baltimore, Give Street and Number.} 3406 Walbrook ave.

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 30. 1845

AGE 61 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Kentucky

FULL NAME OF FATHER G. F. Garrett

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER E. C. Nelson

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. T. Curry

(Address) Walbrook

Filed 10/22 1906 HARRY G. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21st 1906

I HEREBY CERTIFY, That I attended deceased from August 1906 to Oct 21st 1906 that I last saw h[er] alive on October 20 1906, and that death occurred, on the date stated above, at 1225 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ulceration consequent upon asophageal Obstruction - gradually increasing for 6 months (DURATION) DAYS

Contributory (Primary.) Carcinoma of asophagus (DURATION) 9 months DAYS

(Signed) E. M. Van Arsdale M.D.

Address 1514 Park Ave

Date October 21st 1906

Place of Burial Petersburg Boone Co Ky

Date Oct 22 1906

Undertaker D. R. Block

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 94683 Registered No. B 94683

CERTIFICATE OF DEATH.

(Place of Death.) No 2342 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Danz

{Residence, if in Baltimore, Give Street and Number.} 2342 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH December 22 1872

AGE 33 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Danz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emmy Tiehn

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Danz

(Address) 2342 E Monument st

Filed 10/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Oct 20 1906

that I last saw him alive on Oct 20 1906,

and that death occurred, on the date stated above, at 7½ P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dysentery

(DURATION) 6 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Oct 21 1906

Place of Burial Emmanuel Cemetary

Date Catober 23rd 1906

Undertaker Christian Millers

Address 2334 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 25 — 94684 — Registered No. B 94684 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 N. Bonney St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Henry Sonnenleiter

{Residence, if in Baltimore, Give Street and Number.} 13 N. Bonney

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 24 1900

AGE: 5 years, 10 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Sonnenleiter

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Johanna Kochenlein

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J. Sonnenleiter

(Address) 1725 Patapsco St.

Filed 10/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 20 — 1906

I HEREBY CERTIFY, That I attended deceased from July — 1906 to Oct 20 1906

that I last saw h— alive on Oct 18 — 1906,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

General Debility

(DURATION) 40 DAYS

Contributory (Primary.) Acute Catarrhal Bronchitis (DURATION) 60 DAYS

(Signed) N. Lee Bauer M.D.

Address 1228 S. Charles St

Date Oct 20 1906

Place of Burial: Balto Cemetery

Date: Oct 22 1906

Undertaker: John J. Fahey

Address: 1252 Williams

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 94685 — Registered No. B 94685

CERTIFICATE OF DEATH.

(Place of Death.) No. #724 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Catherine Eckstein

{ Residence, if in Baltimore, Give Street and Number. } #724 N. Collington Ave.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 5th 1840
AGE	66 years, 4 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Geramny
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Eckstein

(Address) 724 N. Collington Ave

Filed 10/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 20th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Oct. 19th 1906

that I last saw h er alive on Oct. 19 1906, at 6 A. M. and that death occurred, on the date stated above, at 6

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Breast (DURATION) 9 months

Contributory (Primary)

Exhaustion (DURATION) DAYS

(Signed) Robt S. Kirk M.D.

Address 1610 E. Baltimore St.

Date Oct. 20th 1906.

Place of Burial Trinity Cemetery

Date 10/23/06 190

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94686 Registered No. B 94686

CERTIFICATE OF DEATH.

(Place of Death.) No. #620 N. Washington St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Walter

{ Residence, if in Baltimore, Give Street and Number. } #620 N. Washington St.

Duration of Residence in Baltimore. 50 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 27th. 1825

AGE: 80 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germmy

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Walter

(Address) 620 N. Washington

Filed 10/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19 1906

I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1906 to Oct. 19 1906 that I last saw h-r alive on Oct. 18 1906, and that death occurred, on the date stated above, at 9.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis
& Broncho Pneumonia

(DURATION) — DAYS

Contributory (Primary.)
Broncho Pneu (DURATION) 3 DAYS

(Signed) Geo. Heller M.D. ~~M.D.~~

Address 1937 Gough St

Date Oct 21, 06 1906

Place of Burial Baltimore Cemetery

Date 10/22/06 1906

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94687

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94687

City of Baltimore, (No. 705, German St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jonathan N. Vansant.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Mar 7 (Month) (Day) 1843 (Year)

AGE: 63 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): York Co. Pa.

FULL NAME OF FATHER: Richard Vansant.

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Johanna Wharley

BIRTHPLACE OF MOTHER (State or country): Pa

OCCUPATION OF DECEASED: Coal dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amelia Vansant

(Address) 705 N. German St.

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 26 1906 to Oct 21 1906

that I last saw h[illegible] alive on Oct 20 1906

and that death occurred, on the date stated above, at 12:10 A. M. The CAUSE OF DEATH was as follows:

Laryngeal & pulmonary tuberculosis

(DURATION) 9 mos. DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) J. E. Smith M. D.

Oct 21 1906 (Address) 1062 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount Cem

DATE OF BURIAL: Oct 25 1906

UNDERTAKER: E. Schloman Son

ADDRESS: 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 94688 — Registered No. B 94688

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Caltman & Bentalou St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Edgar Sr. B. Sedicum

{Residence, if in Baltimore, Give Street and Number.} 531 S. Bentalou

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 14 1902

AGE 4 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Asa T. Sedicum

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Grace G. Maynadier

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Asa T. Sedicum

(Address) 531 S. Bentalou st

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19 06 Oct 20 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

accidentally Shot & Killed by cut # 919. N. Pine Cor. Bentalou & Calhoun Sts

Contributory (Primary.) Shock (DURATION) Instantly DAYS

(Signed) C. Grant Jones M.D. Coroner

Address

Date Oct. 21 1906

Place of Burial London Park Cem

Date October 23 1906

Undertaker Wm. J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23

Registered No. B 94689

94689

CERTIFICATE OF DEATH.

Place of Death.) No. 322 albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Suttolora Suttolora

{Residence, if in Baltimore, Give Street and Number.} 322 albemarle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Aug 20th 1906

AGE: ..... years, 3 months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Suttolora

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Sara Suttolora

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Suttolora

Address 322 Albemarle st.

Filed 10/22 1906

(HARRY C. ANDREWS, PERMIT CLERK.)

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 22 1906 that I last saw h— alive on Oct 20 1906 and that death occurred, on the date stated above, at —— P. M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis meningitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 N. Bond

Date Oct 22 1906

Place of Burial St Vincents Cemetery

Date Oct 22nd 1906

Undertaker Germanus France

Address Bank & Wolfe sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94690

Registered No. B .....

City of Baltimore, (No. 110, Dolphin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise T French

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Wht

DATE OF BIRTH: Nov (Month) 18th (Day) 1872 (Year)

AGE: 33 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Thomas J French

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret E Butler

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E French

(Address) 110 Dolphin st

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Oct 22nd 1906

that I last saw h[illegible] alive on Oct 21st 1906,

and that death occurred, on the date stated above, at 3.15 A.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 180 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm B Kingsbury M. D.

Oct 22nd 1906 (Address) 609 N Charles

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Oct 25th 1906
UNDERTAKER	ADDRESS
C & F Philbin	1711 Md ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94691

Registered No. B.....

City of Baltimore, (No. 1306 N. Chapel St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Terry.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: C

DATE OF BIRTH: — (Month) (Day) — (Year)

AGE: 27 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) .....

Filed 10/22 1906 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Oct 21 1906

that I last saw h— alive on Oct 21 1906,

and that death occurred, on the date stated above, at 9.05 P. M. The CAUSE OF DEATH was as follows:

Exhaustion following Typhoid fever.

(DURATION) ..... DAYS

Contributory Acute uremia

(DURATION) ..... DAYS

(Signed) Martin N. Mudd M. D.

Oct 21 1906 (Address) 1101 21 Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Bay Cemetery — DATE OF BURIAL: Oct 23 1906

UNDERTAKER: E A Zion — ADDRESS: 2150 E McElderry

WM. J. C. DULANY CO., BALTIMORE.

Ward 4 — 94692 — Registered No. B 94692

CERTIFICATE OF DEATH.

(Place of Death.) No. 419 Pine Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeremiah Marcellus Jessup

{Residence, if in Baltimore, Give Street and Number.} 419 Pine Street.

Duration of Residence in Baltimore. 5 years,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: August 2 1855

AGE: 51 years, 2 months, 2 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Yes.

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas Jessup.

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ethel O. V. Jessup

(Address) 544 W. Middleburg St

Filed 10/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1906 to Oct. 20 1906 that I last saw him alive on Oct. 20 1906, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia (Progressive)

(DURATION) 25 DAYS

Contributory (Primary.) Exhaustion

(DURATION) — DAYS

(Signed) S. B. Hughes M.D.

Address 705 George St

Date Oct. 21st 1906

Place of Burial Mt Auburn

Date Oct 23 1906

Undertaker Alex H Smedley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

94693

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94693

City of Baltimore, (No. 540, Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samis L. Boston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Accomac Co Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H Boston

(Address) 540 Baker St.

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Oct 21 1906

that I last saw h[illegible] alive on Oct 21 1906,

and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. McCann M. D.

Oct 22 1906 (Address) 1303 N Luzerne Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Woodlawn decorage Co

DATE OF BURIAL: Oct 23 1906

UNDERTAKER: A. L. Hawkins

ADDRESS: 597 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94694

City of Baltimore, (No. 217 N. Vincent St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Simpson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Simpson

(Address) 217 N. Vincent St

Filed 10/22 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 13-10- 1906 to 21-10- 1906 that I last saw him alive on 20-10-1906, and that death occurred, on the date stated above, at ?

M. The CAUSE OF DEATH was as follows:

Myocarditis

(DURATION) ? DAYS

Contributory Cardiac failure

about a week (DURATION) —— DAYS

(Signed) E. W. Boyle M. D.

22-10-1906 (Address) 1418 Jefferson st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Lebanon — DATE OF BURIAL: Oct 22 1906

UNDERTAKER: John E. Hough & Co — ADDRESS: 1422 Penn ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

94695

Registered No. B 94695

CERTIFICATE OF DEATH.

(Place of Death.) No. 1727 (1727) E. Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael J. Friedel

{ Residence, if in Baltimore, Give Street and Number. } 1727 E. Pratt

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1885

AGE 21 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balt Md.

FULL NAME OF FATHER Louis Friedel

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Maggie Arnold

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Friedel

(Address) 1727 E. Pratt st

Filed 10/22 1906

EMMA C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1906 to Oct 20 1906

that I last saw him alive on Oct 19 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Florida

(DURATION) 20 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) E. L. Bladen M.D.

Address 143 N Bway

Date Oct 21 1906

Place of Burial Holy Redeemer

Date Oct 23 1906

Undertaker Jos. J. Neri

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 94696 — Registered No. B 94696

CERTIFICATE OF DEATH.

(Place of Death.) No. Univ. Maternity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Blanche Jones

{ Residence, if in Baltimore, Give Street and Number. } ~~101 N. Howard St~~ 622 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Oct. 18 1906

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Calvin Jones

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Blanche Ennis

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/22 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 19 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1906 to Oct. 19 1906 that I last saw her alive on Oct. 19 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAY

Contributory (Primary.) Unknown

(DURATION) ..... DAYS

(Signed) R. O. Dees M.D.

Address 622 W. Lombard St.

Date Oct. 20 1906

Place of Burial: UNIVERSITY OF MARYLAND.

Date Oct 20 1906

Undertaker .....

Address .....

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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Ward IX 94697 Registered No. B 94697

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Tinnie

{ Residence, if in Baltimore, Give Street and Number. } 175 Jew alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/22 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Oct 16 1906 that I last saw him alive on Oct 16 1906, and that death occurred, on the date stated above, at 11.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date Oct 20th 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Oct 20 1906

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 4 — 94698 — Registered No. B 94698

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louisa Spencer

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.	COLOR: Blk
DATE OF BIRTH: June 4 1899	
AGE: 7 years, 9 months, 14 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Harford Co. Md	
FULL NAME OF FATHER: [illegible]	
BIRTHPLACE OF FATHER (State or country): [illegible]	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): [illegible]	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Glennan

(Address)

Filed 10/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 30 1906 to Oct 20 1906 that I last saw her alive on Oct. 19 1906, and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

8 (DURATION) 8 DAYS

Contributory (Primary.) Whooping cough (DURATION) 21 DAYS

(Signed) Louis M Glennan M.D.

Address 200 S Madison Ave

Date Oct. 21 1906

Place of Burial

Date 190

Undertaker

Address Health Department

JOHNS HOPKINS HOSPITAL OCT 22 1906 HARRY O. ARCHER PERMIT CLERK

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 94699

94699

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvester Dorman Butler

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Mul.

DATE OF BIRTH May 23 1906

AGE — years, 4 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country) [illegible]

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country) [illegible]

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mamie McGlamery

(Address) 2005 Madison Ave.

Filed 10/22 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 11 1906 to Oct 20 1906 that I last saw h[illegible] alive on Oct 19 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Whooping cough

(DURATION) 10 DAYS

(Signed) Alexius McGlamery M.D.

Address 2005 Madison Ave.

Date Oct. 20 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 22 1906 Commissioner Health

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 94700 Registered No. B 94700

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Moore alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Collins

{Residence, if in Baltimore, Give Street and Number.} 430 Moore alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Otherwise unknown

AGE: One years, — months, Six days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Raymond Collins

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Nellie Ennis

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Howard

(Address) 523 Union st

Filed 10/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

.....

Hamilton

.....

from birth (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address Two Lafayette Ave. (Corner)

Date Two Lafayette Ave. Oct. 19th 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date OCT 22 1906 190 ....

Commissioner Health

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

761

Ward 7

94701 Registered No. B 94701

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CERTIFICATE OF DEATH.

Place of Death.) No. 787 St. Peter St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Walter Edwd. Richter

{ Residence, if in Baltimore, Give Street and Number. } 787 St. Peter St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Born~~ July 20th 1906

AGE: ..... years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: August Richter

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Clara Curran

BIRTHPLACE OF MOTHER (State or country): Melville N. Jersey

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Richter

(Address) 787 St. Peter St.

Filed 10/22 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21st 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 23 1906 to Oct. 21st 1906 that I last saw him alive on Oct. 21st 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 N. Lombard St

Date Oct. 22d 1906

Place of Burial Loudon Park Cem.

Date October 23rd 1906

Undertaker James L. Dignan & Son

Address 459 N. Arlington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 94702 — Registered No. B 94702

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Francis Bishop

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. V.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Wh.
DATE OF BIRTH: Sept. 21 1846	
AGE: — years, — months, 28 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: Unk	
BIRTHPLACE OF FATHER (State or country): Unk	
MAIDEN NAME OF MOTHER: Unk	
BIRTHPLACE OF MOTHER (State or country): Unk	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Denis McGlannan

(Address) 2005 Madison Ave

Filed 10/22 1906

HARRY C. KNEALE PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Oct. 22 1906 that I last saw h er alive on Oct. 21 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 10 DAYS

(Signed) Denis McGlannan M.D.

Address 2005 Madison Ave.

Date Oct. 22 1906

Place of Burial Cathedral Cemetery.

Date October 22 nd 1906

Undertaker Geo. B. Pue.

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 14 — 94703 Registered No. B 94703

CERTIFICATE OF DEATH.

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(Place of Death.) No. 608 E. Fayette St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Annie Hoffman

{Residence, if in Baltimore, Give Street and Number.} 608 E. Fayette St

Duration of Residence in Baltimore. 43 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Wh

DATE OF BIRTH ~~May~~ 30 1864

AGE ~~42~~ years, 4 months, 21 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER James Lennon

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Rebecca ?

BIRTHPLACE OF MOTHER (State or country) ?

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. W. Hoffman

(Address) 608 E. Fayette St.

Filed 10/22 1906

HARRY C. ANDREW
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1906 to Oct. 21 1906

that I last saw h[illegible] alive on Oct. 21 1906,

and that death occurred, on the date stated above, at 10-35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(Mitral Insufficiency,

Relative, due to Myocarditis)

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary

Tuberculosis (acute) (DURATION) 45 DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Oct. 22 1906

Place of Burial Loudon Park

Date Oct 24" 1906

Undertaker Wm. J. Schaefer

Address 1805 Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***of the person deceased, and the cause and date of death.***

94704

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94704

City of Baltimore, (No. 2469 Belmont St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Noah Wright

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: March 10 1901 (Month) (Day) (Year)

AGE: 5 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singles

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm A Wright

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Louise Barnes

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Bagley MD

(Address) 2033 Linden Ave

Filed 10/22 1906

HARRY O. [illegible] PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Oct 21 1906

that I last saw h[illegible] alive on Oct 21 1906,

and that death occurred, on the date stated above, at 6 a. m. The CAUSE OF DEATH was as follows:

Child had acute Parenchymatous Nephritis. Immediate cause. Uremic Poisoning (DURATION) about 3 days

Contributory Congestion of Lungs (DURATION) 3 days

no other cause (DURATION)

(Signed) Haughton Bagley M. D.

Oct 22 1906 (Address) 2033 Linden Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Anderson Co Md arrived station

DATE OF BURIAL: Oct 23 1906

UNDERTAKER: R D Elliott

ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 94705 — Registered No. B 94705

CERTIFICATE OF DEATH.

(Place of Death.) No. Augsburg Home 746 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie Rosel,

{Residence, if in Baltimore, Give Street and Number.} 746 W. Lexington St.

Duration of Residence in Baltimore. 4 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female.	White.

DATE OF BIRTH: 1

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Vogt

(Address) 746 W Lexington St

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1906.

I HEREBY CERTIFY, That I attended deceased from ——— 1903 to Oct. 22 1906 that I last saw h[illegible] alive on Oct. 21 1906, and that death occurred, on the date stated above, at 1.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis & Old age

(DURATION) ——— DAYS

(Signed) Geo. W. Lemmerle M.D.

Address 1114 Myrtle Ave.

Date Oct. 22 1906.

Place of Burial St Pauls Gen Luth Cem

Date Oct 24 1906

Undertaker Mrs Andrews Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 94706 Registered No. B 94706

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles W. Henkel

{Residence, if in Baltimore, Give Street and Number.} 140 & V Central ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 13 1836
AGE	70 years, ... months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	William Henkel
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Car Inspector NCRR

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife Mrs Susanah Henkel

(Address) 140 & V Central ave

Filed 10/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20 1906

I HEREBY CERTIFY, That I attended deceased from Consult 190 to Case 190

that I last saw him alive on ... 190 ...,

and that death occurred, on the date stated above, at 8-30

I. CAUSE OF DEATH (Secondary or Immediate.)

Shock - internal injuries from burns, patient accidentally cremated.

(DURATION) 7 DAYS

Con'tributory (Primary.) R. R. accident

(DURATION) ... DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Caroline st

Date Oct. 22 1906

Place of Burial Biddison's Family Cemetery Gardenville Balto Co.

Date October 23rd 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st Cor. Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 94707 Registered No. B 94707

CERTIFICATE OF DEATH.

(Place of Death.) No. 149 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence B. Hess

{Residence, if in Baltimore, Give Street and Number.} 149 N. Gay St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: April 15 - 1865

AGE: 41 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph A Hess

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Clara V Broffitt

BIRTHPLACE OF MOTHER (State or country): Bassol Co Md.

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A Hess

(Address) 149 N Gay St

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 21st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1906 to Oct 21st 1906

that I last saw h alive on Oct 20th 1906

and that death occurred, on the date stated above, at 6 a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno T McCauley M.D.

Address 656 W Franklin St

Date Oct 22nd 1906

Place of Burial Loudon Park

Date Oct 23rd 1906

Undertaker John E Hauck

Address 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 94708 Registered No. B 94708

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CERTIFICATE OF DEATH.

(Place of Death.) No. 31 Poultney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry G Gehren

{Residence, if in Baltimore, Give Street and Number.} 31 Poultney St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 27 1884

AGE 21 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry G. Gehren Sr

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Theresa Meyers

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry G. Gehren

(Address) 31 Poultney

Filed 10/23 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 21 1906

that I last saw him alive on Oct 21 1906

and that death occurred, on the date stated above, at 4.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Typhoid Fever +

Pulmonary

Phthisis

6 Weeks (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Hammond M.D.

Address 835 Light St

Date Oct 22 1906

Place of Burial LOUDON PARK OCT 23 1906 Armstrong Denny Co. 715 Light Street

Date 3 1906

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 94709 — Registered No. B 94709

CERTIFICATE OF DEATH.

Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie Patton

{Residence, if in Baltimore, Give Street and Number.} 911 Lombard St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1856

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Mattorka, Va

FULL NAME OF FATHER James Patton

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Maria Moran

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Dress Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mamie a Kring

Address 900 N. Lombard St.

Filed 10/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1906 to Oct 22 1906 that I last saw h- alive on Oct 22 1906 and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) DAYS

Contributory (Primary.) Chronic Parenchymatous Nephritis (DURATION) DAYS

(Signed) Jno. A. St. Pfluger M.D.

Address St. Joseph's Hospital

Date Oct. 22 1906

Place of Burial New Cathedral

Date Oct 24 1906

Undertaker John J. Govan

Address 901 Collins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward W.

94710 Registered No. B 94710

CERTIFICATE OF DEATH.

(Place of Death.) No. 664 W German St St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Hall

{Residence, if in Baltimore, Give Street and Number.} 664 W German St

Duration of Residence in Baltimore. — —

PERSONAL AND STATISTICAL PARTICULARS

SEX: 2 | COLOR: W

DATE OF BIRTH: — — 1

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: dont know

BIRTHPLACE (State or country): dont know

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: House keeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Carlyle

(Address) 1306 W. Lexington st

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden (DURATION) DAYS

Con'tributory (Primary) (DURATION) DAYS

(Signed) Patrick F Martin M.D.
Coroner

Address

Date Oct 23 1906

Place of Burial Western cemetary

Date Oct 23rd 1906

Undertaker Geo J Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the Undertaker, or other person superintending the burial of the deceased, and the ***cause and date of death.***

94711

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94711

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 2516 E. Balto. St.; 6th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christian Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: August (Month) 4th (Day) 1838 (Year)

AGE: 68 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Konrad Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Fischer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emilie Schmidt

(Address) 2516 E. Balto St.

Filed 10/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25th 1906 to Oct. 21st 1906

that I last saw h im alive on Oct 21st 1906,

and that death occurred, on the date stated above, at 3.25 P. M. The CAUSE OF DEATH was as follows:

Cerebral Softening

8 weeks (DURATION) DAYS

Contributory Pulmonary Congestion

(DURATION) 2 DAYS

(Signed) A. F. Ries M. D.

Oct 21st 1906 (Address) 210 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cemetery

DATE OF BURIAL: Oct 23 1906

UNDERTAKER: H. Sondheim & Sons

ADDRESS: 1710 Carlton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 94712 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 428 Moore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Emory

{Residence, if in Baltimore, Give Street and Number.} 428 Moore St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: August 20th 1905

AGE: 1 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Emory

BIRTHPLACE OF FATHER (State or country): Carolin Co. Md

MAIDEN NAME OF MOTHER: Mary Turpin

BIRTHPLACE OF MOTHER (State or country): Carolin Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Emory.

(Address) 428 Moore St.

Filed 10/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Octo 22d 1906.

I HEREBY CERTIFY, That I attended deceased from Oct 9th 1906 to Oct 22 1906 that I last saw him alive on Oct 21 1906, and that death occurred, on the date stated above, at 5:15 a. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) 12 DAYS

Contributory (Primary)

Teething (DURATION) 60 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave.

Date Bath - Oct 22 1906.

Place of Burial Mt Auburn

Date Oct - 23 - 1906

Undertaker R. T. Elliott

Address 586 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 94713

Registered No. B 94713 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 9434 Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Steinmann

{Residence, if in Baltimore, Give Street and Number.} 943 N. Chester St.

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR white

DATE OF BIRTH Sept 1 1831

AGE 75 years — mont's — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER [illegible] Kraft

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Caroline Kraft

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Steinmann

(Address) 9437 Chester

Filed 10/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Oct 22 1906 that I last saw h[illegible] alive on Oct 22 1906 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Failing Heart

(DURATION) 1 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 5 DAYS

(Signed) Geo F. Taylor M.D.

Address 1254 N. Broadway

Date October 22 1906

Place of Burial Dallo Cemetery

Date Oct 25 1906

Undertaker Robert J Turner

Address Broadway & Olney St.

1617 4 68 May

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 94714 — Registered No. B 94714

CERTIFICATE OF DEATH.

(Place of Death.) No. 1131 Ann St (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Percy D. Parker

{Residence, if in Baltimore, Give Street and Number.} 1131 Ann

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 28 1906

AGE 4 years, 3 months, 24 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER J. P. Parker

BIRTHPLACE OF FATHER (State or country) St. Marys Md

MAIDEN NAME OF MOTHER Mary Sheeden

BIRTHPLACE OF MOTHER (State or country) St Marys Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. P. Parker

(Address) 1131 N. Ann St

Filed 10/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 22 1906

that I last saw him alive on Oct 22 1906

and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

4 hours (DURATION) ~~DAYS~~

Contributory (Primary.) Acute Indigestion

(DURATION) One DAY.

(Signed) C. B. Britton M.D.

Address 1711 E. Balto St.

Date Oct. 22nd 1906

Place of Burial St Marys Co Md

Date Oct 24th 1906

Undertaker Robt J Turner

Address Bay View

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the deceased, and the *cause and date of death*.

W. M. J. C. BLANY CO., Baltimore.

Ward 12 — 94715 — Registered No. B 94715

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 S. Durham St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Logan

{Residence, if in Baltimore, Give Street and Number.} 112 S Durham

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1865

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bragtar S. C

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jairy Logan

(Address) 112 S. Durham St

Filed 10/23 1906 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 22 1906 that I last saw him alive on Oct 21 1906, and that death occurred, on the date stated above, at 6.20 A.M. CAUSE OF DEATH (Secondary or Immediate) Hemorrhage

(DURATION) ½ DAYS

Contributory (Primary.) Cnancrum of Aorta 6 mo (DURATION) ½ DAYS

(Signed) A. K. Bondick M.D.

Address 328 Bway

Date Oct 22 1906

Place of Burial Salisbury Cemetery

Date Oct 24th 1906

Undertaker Chas E Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94716

City of Baltimore, (No. 2113 E Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alma Coates Rutter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 28 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John H. Rutter

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ida C. Harrison

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian M. Rutter

(Address) 2113 E Lombard St

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 17th 1906 to Oct 20th 1906 that I last saw her alive on Oct 20th 1906, and that death occurred, on the date stated above, at 10 55 P. M. The CAUSE OF DEATH was as follows:

Anemia

..... (DURATION) ..... DAYS

Contributory Pulmonary Tuberculosis

About 1 year (DURATION) ..... DAYS

(Signed) A. V. Zimmerman M. D.

Oct 21st 1906 (Address) 805 N Smith ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Greenmount. Cem.

DATE OF BURIAL: OCT 24 1906

UNDERTAKER: Wm. C. Fry

ADDRESS: [illegible] BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94717

City of Baltimore, (No. 703, Cumberland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mary M. Dean

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. (Month) 7 (Day) 1866 (Year)

AGE: 40 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Thomas Godwin

BIRTHPLACE OF FATHER (State or country): Queen Anne Co Md

MAIDEN NAME OF MOTHER: Amanda Y Swift

BIRTHPLACE OF MOTHER (State or country): Harford Co Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amanda Godwin

(Address) 703 Cumberland St

Filed 10/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1906 to Oct. 22 1906

that I last saw her alive on Oct. 20 1906,

and that death occurred, on the date stated above, at 4:45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia, Rheumatism

(DURATION) 12 DAYS

Contributory Embolism of Heart

(DURATION) DAYS

(Signed) E. E. Smith M. D.

Oct 22 1906 (Address) 1605 N Rond Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Bclair Md	Oct 25th 1906
UNDERTAKER	ADDRESS
Wm B Crothers	231 S Stricker

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94718

City of Baltimore, (No. 910 E. Pratt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Berkovich

PERSONAL AND STATISTICAL PARTICULARS.

SEX: M

COLOR: W.

DATE OF BIRTH: March (Month) (Day) 1904 (Year)

AGE: 1 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: Abram Berkovich

BIRTHPLACE OF FATHER (State or country): Russia —

MAIDEN NAME OF MOTHER: Carter

BIRTHPLACE OF MOTHER (State or country): Russia —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Berkovich

(Address) 2106 Pratt st

Filed 10/13 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21 1906 to Oct 22 1906 that I last saw h— alive on Oct 22 1906, and that death occurred, on the date stated above, at 10.20 P. M. The CAUSE OF DEATH was as follows:

Marasmus — due to malassimilation of food

(DURATION) 30 DAYS

Contributory

(DURATION) DAYS

(Signed) Norman Bully M. D.

Oct 22 1906 (Address) 23 W. Hill

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Roadside — DATE OF BURIAL: Oct 23 1906

UNDERTAKER: Max Levinson — ADDRESS: 113 S Low st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 — 94719 — Registered No. B 94719

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bernard Schene

{Residence, if in Baltimore, Give Street and Number.} 1318 Light Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowers

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: Bernard Schene

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katherine Meyer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Stumlebeck

(Address) 1318 Light St

Filed 10/23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1906

I HEREBY CERTIFY, That I attended deceased from Jan 19 1906 to Oct 22 1906 that I last saw h~~im~~ alive on Oct 22 1906, and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral insufficiency

Pulmonary Tuberculosis

(Cause)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date October 23 1906

Place of Burial Mt Olivet

Date October 26 1906

Undertaker J & L Stumlebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, **sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94720 Registered No. B 94720

CERTIFICATE OF DEATH.

(Place of Death.) No. 2324 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward C Meyer

{Residence, if in Baltimore, Give Street and Number.} 2324 E Monument St.

Duration of Residence in Baltimore..... All his life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 31st 1887

AGE 18 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER Chas F. Meyer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Graw

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Shirt Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Meyer (Father)

(Address) 503 N. Wolfe St.

Filed 10/23 06 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 22 1906

that I last saw him alive on Oct 21 1906,

and that death occurred, on the date stated above, at 3.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 12 DAYS

Contributory (Primary) Pulmonary tuberculosis 3 mos (DURATION) DAYS

(Signed) A. G. Rytina M.D.

Address 2104 E. Monument St

Date Oct 22 1906

Place of Burial Baltimore Cemetery

Date October 26th 1906

Undertaker Christian Miller

Address 2334 Jefferson ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94721 — Registered No. D.....

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Bare - Hanover sts St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas Fer Ross

{Residence, if in Baltimore, Give Street and Number.} 1113 No Baxter N. 94721

Duration of Residence in Baltimore. 7 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... 1.....

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Ross

(Address) 1137 N. Baxter st

Filed 10/23 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Electric shock

Accident

(DURATION) Instantaneous DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Oct 23 1906

Place of Burial St Mathews Cemetery

Date October 25th 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94722

City of Baltimore, (No. 1503, W. Dayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Celeste Monahue

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 43 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John F. Monahue

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine M.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Wm Monahue

(Address) 1503 N. Fayette St

Filed 10/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 21st (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1906 to Oct 21st 1906 that I last saw her alive on Oct 20th 1906, and that death occurred, on the date stated above, at 7.35 A. M. The CAUSE OF DEATH was as follows:

Gastro Enteritis & Heart Failure

(DURATION) 4 DAYS

Contributory Nothing Special

(DURATION) ..... DAYS

(Signed) John Duff M. D.

Oct 22nd 1906 (Address) 101 St. Paul St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Oct 24 1906

UNDERTAKER: Crowley Bros

ADDRESS: 25 N. Fulton Ave

HARRY O. ANDREWS, REGISTER CLERK.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94723

Registered No. B

City of Baltimore, (No. 820, Baker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Asylum Dr. Laura Whitehead

FULL NAME Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jo Tiebold

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Laura Whitehead

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Whitehead

(Address) 727 Ruby

Filed 10/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 22 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from a come 190 to 190

that I last saw h ..... alive on 190,

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) R Marley M. D.

190 (Address) Can

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL: OCT 22 1906

UNDERTAKER: Commissioner Health

ADDRESS: Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94724 Registered No. B 94724

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Gleeton~~ Vaes Ljubovic

{Residence, if in Baltimore, Give Street and Number.} Emmigrant (Schumacher Co)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M-
COLOR	W.
DATE OF BIRTH	1
AGE	15 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Poland.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/23 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 19th 1906 to Oct. 23- 1906

that I last saw h im alive on Oct. 23- 1906

and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) O. A. Dorsey M.D.

Address City Hospital

Date October 23rd 1906

Place of Burial St. Evangelic

Date Oct. 24" 1906

Undertaker H. Sauer & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 94725 Registered No. B 94725

CERTIFICATE OF DEATH.

(Place of Death.) No. 2011 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Matheus

{Residence, if in Baltimore, Give Street and Number.} 2011 E. Preston St

Duration of Residence in Baltimore. 45 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 15" 1828

AGE 68 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER F. Sullivan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Hathrix Hurley.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mary Donohue

(Address) 2011 E. Preston St.

Filed 10/23 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 21 1906

that I last saw her alive on Oct 21 1906

and that death occurred, on the date stated above, at 1.07 P.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

10 years to my Knowledge (DURATION) DAYS

Contributory (Primary)

Exhaustion (DURATION) 20 DAYS

(Signed) A. W. Macdonald M.D.

Address 150 N Broadway

Date Oct 22 1906

Place of Burial St Vincent Cem.

Date Oct 24" 1906

Undertaker Geo M Fink

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — Registered No. B 94726

94726

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 Baldwin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos M. Morino

{Residence, if in Baltimore, Give Street and Number.} 110 Baldwin

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 17 1906

AGE: ..... years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): York Co Pa.

FULL NAME OF FATHER: Alfred Morino

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alberta B. Palmer

BIRTHPLACE OF MOTHER (State or country): Adams Co Pa

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alb. Morino

(Address) 110 Baldwin St

Filed 10/23 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 - 1906 to Oct 22 1906

that I last saw him alive on Oct 20 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 15 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. M. Fiery M.D.

Address 12 E. 25th St

Date Oct 22 1906

Place of Burial St Mary's

Date Oct 23 1906

Undertaker A. S. Waud Sons

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 94727 Registered No. B 94727

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Cyril Kenny

{Residence, if in Baltimore, Give Street and Number.} Harrede Grace Md.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 37 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Kenny

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rose Gallagher

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J C Shaeffer

(Address) 806 E. Monument St

Filed Oct 23 1906 HARRY C. ANDREWS PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 22 1906

that I last saw him alive on Oct 22 1906

and that death occurred, on the date stated above, at 10.55 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Nephritis
(Coma)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date October 23 1906

Place of Burial Agnes de Grace Md

Date Oct 23 1906

Undertaker Wm J C Shaeffer

Address 8 S. Front St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94728

City of Baltimore, (No. 212, N. Vincent St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lizzie Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Perry

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Sarah Perry

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Perry

(Address) 212 N Vincent

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20, 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That ~~I attended deceased from~~ Oct. 19 1906 to Oct. 20 1906 that I last saw her alive on Oct. 20, 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Peritonitis

(DURATION) 7 DAYS

Contributory specific infection

(DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

~~Dispensary Physician~~ ~~Attending Physician~~ ~~Interne~~ ~~Coroner~~ ~~Hospital~~

(Address) 19 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, ~~Transients or Recent Residents~~

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Oct 23 1906
UNDERTAKER	ADDRESS
R. H. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward V 94723 Registered No. B 94723

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lizzie Scott

{Residence, if in Baltimore, Give Street and Number.} 212 N. Vincent St

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unk 1

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Marrd

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas Perry

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah Perry

BIRTHPLACE OF MOTHER (State or country) Howard Co Md.

OCCUPATION OF DECEASED House

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Perry

(Address) 212 N. Vincent St

Filed 10/23 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Oct 18 1906 that I last saw h[illegible] alive on Oct 18 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

1 Wk (DURATION) DAYS

Contributory (Primary.) Asthenia

3 wks (DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette St

Date Oct 23 1906

Place of Burial Laurel

Date October 23 1906

Undertaker R T Elliott

Address 506 Rayen Ave

See following

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94729

City of Baltimore, (No. Frank L. Lambden St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME 331 N. Mount St.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 25 (Day) 1906 (Year)

AGE: 5 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thos. L. Lambden

BIRTHPLACE OF FATHER (State or country): Baltimore,

MAIDEN NAME OF MOTHER: Clara Cadwallader

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas L. Lambden

(Address) 331 Mount

Filed 10/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1906 to Oct. 23 1906

that I last saw him alive on Oct 23 1906,

and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 8 DAYS

Contributory none

(DURATION) — DAYS

(Signed) Alex. T. Vontschmb, M. D.

Oct. 23 1906 (Address) 1635 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 24 1906

UNDERTAKER: Lowe Brook

ADDRESS: 502 E. North

WM. J. C. DULANY CO., BALTIMORE.

9 A.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 94730 Registered No. B 94730

CERTIFICATE OF DEATH.

(Place of Death.) No. 944 W. Baltimore St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Chas F. Miller

{Residence, if in Baltimore, Give Street and Number.} 307 N. Arlington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	Col.

DATE OF BIRTH 1

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew J Miller

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Julia Davis

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adalaide Miller

(Address) 307 N. Arlington Ave

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to — 190—

that I last saw h... alive on — 190—

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Leuden (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address Coroner

Date Oct 23 1906

Place of Burial Louden Park

Date Oct 24 1906

Undertaker Wm Cook

Address 902 E. North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 94731 Registered No. B 94731

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 609 S Durham St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Hoscinisk

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. 21 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1

AGE 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Stated

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Shymanski

(Address) 609 Durham

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 = 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Luther M.D.

Address 3284 Green st

Date = Oct 25 1906

Place of Burial Holy Rosary

Date Oct 27 1906

Undertaker Jacob Isaac Sons

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

94732

Ward 7 94732 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Kreczmer

{Residence, if in Baltimore, Give Street and Number.} 719 S. Bond St

Duration of Residence in Baltimore. 20yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Harnessmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kreczmer

Address 572 Aliceanna St

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 16th 1906 to Oct 22nd 1906 that I last saw him alive on Oct 22nd 1906 and that death occurred, on the date stated above, at 11½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Amoebic Abscess of Liver

(DURATION) DAYS

Con'tributory (Primary) Dysintery —

(DURATION) DAYS

(Signed) W.A. Dorsey M.D.

Address City Hospital

Date October 23rd 1906

Place of Burial Holy Rosary

Date October 25 1906

Undertaker Jacob Fialkowski

Address 428 S Bond St

WM. J. C. DULANY CO. ENGRAVERS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 04733

City of Baltimore, (No. 405 W. Dover St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Rouzie

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: July (Month) 18 (Day) 1900 (Year)

AGE: 6 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Richard

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lee

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Rouzie

(Address) 405 W. Dover st

Filed 10/23 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1906 to Oct 22 1906

that I last saw her alive on Oct. 22 1906,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Children was in convulsion when first seen, convulsion limited to left side face & right side body, could get no history of cause (DURATION) 2 DAYS

Contributory Mother said child had Enlarged Tonsils. Pneumonia to think there was a trace of (DURATION) DAYS

Definite diagnosis could not be made

(Signed) L. M. Brantner M. D.

Oct 23 1906 (Address) 400 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mont Albion

DATE OF BURIAL: Oct 24 1906

UNDERTAKER: Isaiah L Brountzon

ADDRESS: 1080 Montgomery St

WM. J. C. DULANY CO., BALTIMORE

✓ at City

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 — 94734 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1732 S Charles — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nora Dawson

{Residence, if in Baltimore, Give Street and Number.} 1732 S Charles —

Duration of Residence in Baltimore. 18 years —

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem — COLOR White

DATE OF BIRTH Mar 17 1853

AGE 52 years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married —

BIRTHPLACE (State or country) Ireland —

FULL NAME OF FATHER John Kirby —

BIRTHPLACE OF FATHER (State or country) Ireland —

MAIDEN NAME OF MOTHER unknown —

BIRTHPLACE OF MOTHER (State or country) Ireland —

OCCUPATION OF DECEASED Housewife —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Celia Dawson

(Address) 1732 S Chas —

Filed 10/23 1906 — Registrar

HARRY O. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22 1906

I HEREBY CERTIFY, That I attended deceased from Aug — 1904 to Oct 22 1906 that I last saw her alive on Oct 21 1906, and that death occurred, on the date stated above, at 2.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of Uterus —

(DURATION) 2 years

Contributory (Primary.) Exhaustion —

(DURATION) DAYS

(Signed) C P Straus M.D.

Address 1606 Light St —

Date Balto Oct 23 1906

Place of Burial Cathedral Cemetery

Date Oct 24 1906

Undertaker Daniel and Margaret E Lyon

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] 94735 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 W Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Myers.

{Residence, if in Baltimore, Give Street and Number.} 425 W Pratt St.

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 10 1883

AGE: 23 years, 3 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co. Md.

FULL NAME OF FATHER: Joseph Shipley

BIRTHPLACE OF FATHER (State or country): Balto Co. Md.

MAIDEN NAME OF MOTHER: Harriet Edmonson

BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Myers

(Address) 425 W. Pratt

Filed 10/23 1906 HARRY O. ANDERSON, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Oct 23 1906 that I last saw h[illegible] alive on Oct 23 1906 and that death occurred, on the date stated above, at 11[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Lungs)

Since I first saw her (DURATION) — DAYS

Contributory (Primary.)

Exhaustion (DURATION) 21 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Shupo

Date Oct 23 1906

Place of Burial Ridge Lawn

Date Oct 25 1906

Undertaker Jos B Cook

Address 1003 W. Baltd St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 94736

Ward W. M. W. 94736 Registered No. B 170

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay view asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. Street

{Residence, if in Baltimore, Give Street and Number.} Bay view Asylum

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/23 1906 HENRY C. J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Aug 21 1906 to Oct 20 1906 that I last saw h~~im~~ alive on Oct 20 1906 and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffuse Nephritis

(DURATION) DAYS

Con tributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) Walter L. Weis M.D.

Address Bay View asylum

Date Oct 23 1906

Place of Burial White Hall Md

Date Oct 23 1906

Undertaker A. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 94737 Registered No. B 94737

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1835 Clifton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annetta Calvert

{ Residence, if in Baltimore, Give Street and Number. } 1835 Clifton ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 26 1846

AGE 59 years, 11 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John C. Phillips

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jeannetta Lavery

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Calvert

(Address) 1835 Clifton ave

Filed 10/23 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH OCT 22 1906 190

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1906 to Oct 21, 1906

that I last saw her alive on Oct 21, 1906

and that death occurred, on the date stated above, at 8 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage causing paralysis

(DURATION) 21 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rusk M.D.

Address 1000 E Baltimore St

Date OCT 22 1906 190

Place of Burial Loudon Park.

Date Oct 24 190

Undertaker Wm. J. Gray

Address 841 N. BROADWAY

HARRY G. ANDREWS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94738

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94738

Registered No. B.....

City of Baltimore, (No. 1907 Harlem Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Lavinia Bullen

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 10 (Month) 23 (Day) 1906 (Year)

AGE: 78 years, 3 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James Bullen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann Loveday

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. ~~Solomons~~ Solomons

(Address) 1907 Harlem ave.

Filed 10/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to Oct 23 1906

that I last saw her alive on Oct 17 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease

12 Years (DURATION) ..... DAYS

Contributory Heart Failure

..... (DURATION) ..... DAYS

(Signed) O. N. Durall M. D.

Oct 23 1906 (Address) 1926 N Mount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Easton Md.

DATE OF BURIAL: Oct 23 1906

UNDERTAKER: Wm S. Frey

ADDRESS: 221 N. Broadway ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 94739 — Registered No. B 94739

CERTIFICATE OF DEATH.

(Place of Death.) No. 115 N. York St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Dennis

{Residence, if in Baltimore, Give Street and Number.} 115 N. York St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Col
DATE OF BIRTH: 1866	
AGE: 40 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Wm H. Dennis	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Not Known	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elenora Kennard

(Address) 7 Hansen Court

Filed 10/23 1906 — HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Oct 22 1906 that I last saw h[illegible] alive on Oct 21 1906, and that death occurred, on the date stated above, at 2.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) Edward Kent M.D.

Address 527 Hanover St.

Date Oct 22 1906

Place of Burial Laurel Cem

Date Oct 24th 1906

Undertaker Sam't. W. Chase

Address 1011 N Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94749

City of Baltimore, (No. 1319 Richardson St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie Boecker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 24 1901 (Month) (Day) (Year)

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Boecker

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Bertha Bromer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother child

(Address) 804 Bond E

Filed 10/24 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 23 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 23 Oct 1906 to Oct 23 1906

that I last saw h[illegible] alive on Oct 23 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Cyphersa

Coma

(DURATION) 2 DAYS

Contributory

(DURATION) 3 DAYS

(Signed) O W Lamm M. D.

Oct 23 1906 (Address) 804 Bond E

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem - DATE OF BURIAL: Oct 24 1906

UNDERTAKER: H. Doylestown - ADDRESS: 176 Eden St.

10 A M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 94741 Registered No. B 28

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Kearney

{Residence, if in Baltimore, Give Street and Number.} Sparrows Point.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan C. Kearney Wife

(Address) 618 L St Sparrows Point

Filed 10/24/1906

S.2 C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Oct 22 1906

that I last saw him alive on Oct 22 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Meningitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. L. Jones M.D.

Address St Josephs Hospital.

Date Oct 22 1906

Place of Burial Mt. Auburn Cemetery

Date October 23rd 1906

Undertaker Felix D Pye.

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 9742 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1014 Forest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael J O'Neill.

{Residence, if in Baltimore, Give Street and Number.} 1014 Forest Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30 1884

AGE: 22 years, 6 months, 22 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Charles O'Neill.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jennie Fitzgerald

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mother

(Address) 1014 Forest Place

Filed 10/24/1906 O2C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21st 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Oct 21 1906

that I last saw h in alive on Oct 21 1906

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis

4 months (DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Charles O'Donnell M.D.

Address 1014 Forest Place

Date Oct. 23 1906

Place of Burial St. Marys Cem

Date Wed. Oct. 24 1906

Undertaker H. C. Muhlfeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94743 Registered No. B 94743

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 Hughes Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Clipper

{Residence, if in Baltimore, Give Street and Number.} 300 Hughes Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 12th 1848

AGE 57 years, 7 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Casper Clipper

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Bohen

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Restaurant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J A Sweitzer (Sister)

(Address)

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Oct 22 1906

that I last saw him alive on Oct 22 1906,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

Several weeks. (DURATION) DAYS

Contributory (Primary) Coma

(DURATION) 1 DAYS

(Signed) E. L. Ellis M.D.

Address 915 Light st

Date Oct 22 1906

Place of Burial ORDAR HILL.

Date OCT 24 1906 190

HARRY C. ANDREWS, PERMIT CLERK.

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94741

City of Baltimore, (No. 2501, N. Calvert St.; Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Betty Johnson Turnbull

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 6th 1841 (Month) (Day) (Year)

AGE: 65 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Petersburg Va.

FULL NAME OF FATHER: Hartwell Heath Lewis

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Alpha Hawthorne

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary [illegible]

(Address) 2501 N Calvert St.

Filed 10/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 23rd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 1906 to October 23 1906 that I last saw her alive on October 21st 1906, and that death occurred, on the date stated above, at 11:30 A.M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

Duration About 6 mo (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Uman Pancoast M.D.

Oct. 23 1906 (Address) 1100 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Petersburg Va — DATE OF BURIAL: Oct 25 1906

UNDERTAKER: Holt Jenkins Hom Co — ADDRESS: 2330 Saratoga

BARRY O. ADLERS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 94745 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Miss Lizzie Downes

{ Residence, if in Baltimore, Give Street and Number. } 5-10 Cathedral St.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1846

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Dublin, Ireland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ridgley Gaither

(Address) Gaither Bldg

Filed 10/24 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23, 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to Oct 23, 1906

that I last saw h.. alive on Oct 23, 1906.

and that death occurred, on the date stated above, at 1-25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bright's Disease.

? (DURATION) ? DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) E. E. Langley. M.D.

Address Md. Gen. Hospital

Date Oct 23, 1906.

Place of Burial Philadelphia Pa

Date Oct 25th 1906

Undertaker Wm Jenkins Undertaking Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 94746 Registered No. B 94746

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S. Mount St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Sieglein

{ Residence, if in Baltimore, Give Street and Number. } 118 S. Mount st

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ... 1 ...

AGE 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Chas Gad

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Appel Gad

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1205 W. Lombard

Filed 10/24 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22d 1906

I HEREBY CERTIFY, That I attended deceased from October 1st 1906 to October 22 1906 that I last saw h[illegible] alive on October 21 1906, and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy of Heart

about One Year (DURATION) ... DAYS

Contributory (Primary.) Prostration

(DURATION) 21 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418. S. Paca st

Date October 22d 1906

Place of Burial Pine Circle

Date Oct. 25th 1906

Undertaker John J. Fields

Address 1205 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 9474. Registered No. B 9474.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs ~~Margaret~~ Mc Grath

{ Residence, if in Baltimore, Give Street and Number. } 1300 Kuper Place

Duration of Residence in Baltimore. 40 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH 1

AGE 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Patrick Donohue

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary McGlotnick

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Mary Gaffney

(Address) 1300 Kuper Place

Filed 10/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Oct. 23 1906

that I last saw her alive on Oct. 23 1906

and that death occurred, on the date stated above, at 2¾ P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) W. Ch. Dorsey M.D.

Address City Hospital

Date October 23rd 1906

Place of Burial St. Peters Cemetery

Date Oct. 26th 190

Undertaker John P. Felder

Address 1200 N. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94748 Registered No. B 94748

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary B. Grimes

{ Residence, if in Baltimore, Give Street and Number. } 109 S Stricker

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 13 1854

AGE 52 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Horace Mobley

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Simms

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. H. Grimes

(Address) 109 S Stricker

Filed 10/24 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 11 1906

I HEREBY CERTIFY, That I attended deceased from May 19 1906 to Oct 21 1906

that I last saw h[er] alive on Oct 21 1906,

and that death occurred, on the date stated above, at 9.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease (Valvular)

Don't Know (DURATION) DAYS

Contributory (Primary.) Cardiac dilatation and asthenia (DURATION) 5 Months

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date Oct 22 1906

Place of Burial Loudon Park

Date Wed. Oct 24 1906

Undertaker Wm. J. Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94749 — Registered No. B 94749

CERTIFICATE OF DEATH.

(Place of Death.) No. B & O R.R. track near Race St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander R. Smith

{Residence, if in Baltimore, Give Street and Number.} 1433 E. Charles St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 29 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): W. Va.

FULL NAME OF FATHER: Wm. M. Smith

BIRTHPLACE OF FATHER (State or country): W. Va

MAIDEN NAME OF MOTHER: Anna B. Hess

BIRTHPLACE OF MOTHER (State or country): W. Va

OCCUPATION OF DECEASED: Fire Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. M. Smith

(Address) Martinsburg W. Va

Filed 10/24 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw him alive on ..... 190 ....,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

Heart failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M. Leinhardt M.D.

Address Coroner

Date October 23 1906

Place of Burial Martinsburg W. Va.

Date Oct 24 1906

Undertaker W. J. Stephens Son

Address Consent Penna

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 94750 — Registered No. B 94750 — 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 409 Shark St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Cooper

{Residence, if in Baltimore, Give Street and Number.} 409 Shark st

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: —— 1 ——

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Elasbus Jackson

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Meyers

(Address) 409 Shark St

Filed 10/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 21 1906

I HEREBY CERTIFY, That I attended deceased from Aug 14 1906 to Oct 21 1906 that I last saw her alive on 11 12 1906, and that death occurred, on the date stated above, at 1455 a.m. CAUSE OF DEATH (Secondary or Immediate)

acute inflammation of the kidneys

(DURATION) 40 DAYS

Contributory (Primary) Diactic Rheumatism (DURATION) 40 DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date Oct 23 1906

Place of Burial Lebanon

Date October 24 1906

Undertaker R. A. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — Registered No. B 94751

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1610 N Dallas St — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Hardy B 94751

{Residence, if in Baltimore, Give Street and Number.} 1610 N Dallas St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: —, 1

AGE: 5-2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Hardy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachel Christmas

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 1610 N Dallas

Filed 10/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 21 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Oct 21 1906 that I last saw h[illegible] alive on Oct 21 1906, and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) 16 DAYS

Contributory (Primary.) Hemorrhoids of Larynx

(DURATION) DAYS

(Signed) Dr G W Kennard M.D.

Address 708 Eutaw St

Date 10 22 1906

Place of Burial Mt Auburn

Date Oct 24 1906

Undertaker W. T. Elliott

Address 526 Virginia Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ***cause and date of death.***

Ward 12 94752 Registered No. B 94752

CERTIFICATE OF DEATH.

(Place of Death.) No. 1310 Stockton St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Elizabeth Robinson

{ Residence, if in Baltimore, Give Street and Number. } 1310 Stockton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: Feby. 1st 1906

AGE: — years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Chas. Robinson

BIRTHPLACE OF FATHER (State or country): West Va.

MAIDEN NAME OF MOTHER: Ruth Robinson

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Darkston

(Address) 1310 Stockton St.

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at....

....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.) Measles

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (County)

Date Octo. 23rd 1906

Place of Burial Mt. Auburn Cemetery

Date Oct 24 1906

Undertaker R. H. Miatt

Address 506 E Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

94755

Registered No. B

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 13 W. York Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Scott. B94753

{Residence, if in Baltimore, Give Street and Number.} 13 W. York St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Whitewasher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Belle Carter.

(Address) 13 W. York St.

Filed 10/24 1906

HARRY C. ANDREAS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Oct 22 1906

that I last saw h... alive on Oct 22 1906,

and that death occurred, on the date stated above, at 330 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Edward Smith M.D.

Address 538 Hanover St

Date Oct 23 1906

Place of Burial Mt Auburn

Date Oct 24 1906

Undertaker Jarrett Tomlinson

Address 1006 Whitehall

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 9475 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma S. Smith.

{ Residence, if in Baltimore, Give Street and Number. } 1409 Eutaw Place.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 1st 1829

AGE: 77 years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Eastport Maine

FULL NAME OF FATHER: Elijah Dr Green

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Anne Claffin Hayden

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry T. Andrews

(Address) 1409 Eutaw Place

Filed 10/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1903 to Oct 24 1906

that I last saw h er alive on Oct 22 1906

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency.

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Jenn C. Clarke M.D.

Address 1201 Madison Ave

Date Oct 27 1906

Place of Burial Green Mt Cemetery

Date October 26 1906

Undertaker Stuart-Wilmoun Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94755

CERTIFICATE OF DEATH. 170

(Place of Death.) No. 253 N. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christian N. Hergenroeder

{ Residence, if in Baltimore, Give Street and Number. } 253 N Hoffman St

Duration of Residence in Baltimore. About 77 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 23rd 1906

AGE: 88 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Anton C Hergenroeder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hoffmann

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tobacco Inspector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Hergenroeder

(Address) 253 N. Hoffman St

Filed 10/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from Sept 16 1906 to Oct 23 1906

that I last saw h im alive on Oct 22 1906

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate) Senile Heart + Bright's Dis.

Uraemia

(DURATION) DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) F C Pole M.D.

Address 2038 Madison Ave

Date Oct 23 1906 190

Place of Burial Loudon Park City.

Date October 25-TH 1906

Undertaker Stewart & Mowen Co

Address 265 Park Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94756

City of Baltimore, (No. 1810 Asquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta W. Bellermann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Seigel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 10/24 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from September 26 1906 to Oct 23 1906 that I last saw him alive on Oct 22 1906, and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Cancer of Stomach

(DURATION) 70 DAYS

Contributory

Slow Starvation (DURATION) 10 DAYS

(Signed) Frank M Gunner M. D.

Oct 23 1906 (Address) 322 N Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Oct 25 1906

UNDERTAKER: M Cadogan

ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 9475 Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 2119 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isidor Lehrenberg

{ Residence, if in Baltimore, Give Street and Number. } 2119 Linden Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 26, 1864

AGE 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Manuel Lehrenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Jeannette

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Attorney

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam E. Mayer

(Address) 1717 Eutaw Place

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22d 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1906 to Oct. 22d 1906

that I last saw h[illegible] alive on Oct 22d 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralytic Dementia

Pneumonia.

Bronchial Congestion & Bronchitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Schwenker M.D.

Address 18 N. Franklin St

Date Oct. 24th 1906

Place of Burial Oak Lawn Cemetery

Date Oct 25 1906

Undertaker H. Sauer & Co

Address 754 W. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 94755 Registered No. B 116

CERTIFICATE OF DEATH.

(Place of Death.) No. 945 N Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vernon Stem

{Residence, if in Baltimore, Give Street and Number.} 945 N. Fayette St.

Duration of Residence in Baltimore. 3yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Feb 2 1880

AGE 26 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Carroll Co Md.

FULL NAME OF FATHER Wm H. Stem

BIRTHPLACE OF FATHER (State or country) Carroll Co Md.

MAIDEN NAME OF MOTHER Laura B Keifer

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs V. Stem

(Address) 945 N Fayette

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Oct 24 1906

that I last saw h-r alive on Oct 24 1906,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Appendicitis

Abscess - Peritonitis

(DURATION) 10 DAYS

Contributory (Primary.) Asthenia

(DURATION) 3 DAYS

(Signed) V L Norwood M.D.

Address 939 N Fayette St

Date Oct 24 1906

Place of Burial Linwood Carroll Co. Md

Date Oct 26 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 — 94759 — Registered No. B ....

CERTIFICATE OF DEATH.

(Place of Death.) No. #2603 Jefferson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Bessler

{ Residence, if in Baltimore, Give Street and Number. } #2603 Jefferson St.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: April 10th 1837

AGE: 69 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gustav Bessler

(Address) 2603 Jefferson St.

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct - 21 1906

I HEREBY CERTIFY, That I attended deceased from Aug 19 1906 to Oct 21 1906

that I last saw h er alive on Oct 20 1906

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suppuration Kidney - (Calculous)

(DURATION) DAYS

Contributory (Primary.) Pneumonia

2 months (DURATION) DAYS

(Signed) Jas A Bonsall M.D.

Address 1713 Park Ave

Date Oct - 22 / 06 1906

Place of Burial St Mathews Cem.

Date 10/24/06 1906

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — Registered No. B 94760

94760

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 606 Brune St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth D. I. Staisloff

{ Residence, if in Baltimore, Give Street and Number. } 606 Brune St.

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	May 17. 1845
AGE	61 years, 5 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow.
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Staisloff

(Address) 606 N. Brune St

Filed 10/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22. 1906.

I HEREBY CERTIFY, That I attended deceased from Dec 8. 1906 to Oct 22 1906. that I last saw her alive on Oct 22 1906, and that death occurred, on the date stated above, at 7. P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 7 DAYS

Contributory (Primary) Carcinoma of Breast 3 years (DURATION) NOT.

(Signed) Geo. W. Kemmeler M.D.

Address 1114 Myrtle Ave.

Date Oct. 23 1906

Place of Burial Western Cem.

Date 10/25/06 1906

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 | 94761 | Registered No. B 94761

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 Ramsay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah J. Brierly

{Residence, if in Baltimore, Give Street and Number.} 707 Ramsay St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 4 1831

AGE: 75 years, 7 months, 19 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Connelly.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Schillenberg

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob S. Brierly

(Address) 707 Ramsay St.

Filed 10/24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 23 1906 that I last saw her alive on Oct 23 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. M. Simpson M.D.

Address 602 S. Paca St

Date Oct 24 1906

Place of Burial Loudon Park Cem

Date October 26 1906

Undertaker J. B. Cook

Address 1103 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 Registered No. B B94762

CERTIFICATE OF DEATH.

(Place of Death.) No. 3634 Park Heights Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Eager

{ Residence, if in Baltimore, Give Street and Number. } 3634 Park Heights Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 16 1883

AGE 23 years, 1 months, 7 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Wm L Eager

BIRTHPLACE OF FATHER (State or country) London

MAIDEN NAME OF MOTHER Sarah Rogers

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L Eager

(Address) 3634 Park Heights

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Oct 1906 that I last saw h~~er~~ alive on Oct 22 1906, and that death occurred, on the date stated above, at 5:30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart failure
as Theresia

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 10 days

(Signed) C Wesselhoeft M.D.

Address 1928 Madison ave

Date Oct 24 1906

Place of Burial Cathedral Cem

Date Oct 26 1906

Undertaker J. B. Cook

Address 1003 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

HARRY O. ANDREWS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 94763 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 2909 Penna Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Elizabeth A Hiderman

{Residence, if in Baltimore, Give Street and Number.} 2909 Penna Ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 21 1828

AGE 78 years, 4 months, 2 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER George Longley

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Mary Zimmerman

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo L Longley

(Address) Woodlawn Md

Filed 10/24 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23d 1906

I HEREBY CERTIFY, That I attended deceased from about Oct 1905 to Oct 23d 1906 that I last saw her alive on Oct 23d 1906 and that death occurred, on the date stated above, at 7.40 a M. CAUSE OF DEATH (Secondary or Immediate.)

asthenia

(DURATION) DAYS

Con'tributory (Primary.) Old Age

(DURATION) DAYS

(Signed) E. G. Shower M.D.

Address 1224 W. North ave

Date Oct 23d 1906

Place of Burial Mt Olivet

Date Oct 25 1906

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94764

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94764

City of Baltimore, (No. 254 S Ann St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Fish Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Martha A Hopkins

(Address) 254 S Ann St

Filed 10/24 1906 HARRY C. J. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23rd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 12 or 15 days 190...

that I last saw him alive on Oct 20th 190..6..,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Diabetis

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) M Rowe M. D.

Oct 23 1906 (Address) 1835 E Baltimore St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Carmel.

DATE OF BURIAL: OCT 25 1906

UNDERTAKER: H. E. HUGHES.

ADDRESS: 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 94765 Registered No. B 94765

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 S Gilmor St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard C Jones

{Residence, if in Baltimore, Give Street and Number.} 217 S. Gilmor

Duration of Residence in Baltimore. 60 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 22 1830

AGE: 76 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Howard Co

FULL NAME OF FATHER: Wm M. Jones

BIRTHPLACE OF FATHER (State or country): Howard Co

MAIDEN NAME OF MOTHER: Eng. Downs

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lydia Mack

(Address) 217 S Gilmor

Filed 10/24 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to October 23 1906 that I last saw him alive on Oct 23 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

10 hours (DURATION) DAYS

Contributory (Primary.)

Coma (DURATION) DAYS

(Signed) James Bosley M.D.

Address 701 Hollins St

Date October 24 1906

Place of Burial Loudon Park

Date Oct 26 1906

Undertaker A J Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 34766 Registered No. B 132

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Mary Christopher

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

B 94766

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1865

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. E. Langley.

(Address) Md - General Hospital

Filed 10/24 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18, 1906 to Oct 23 1906

that I last saw her alive on Oct 23 1906

and that death occurred, on the date stated above, at 4-0 P. M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis.

(DURATION) 2 DAYS

Contributory (Primary.) Septicaemia.

(DURATION) 2 DAYS

(Signed) E. E. Langley M.D.

Address Md Gen'l Hospital

Date Oct 24, 1906

Place of Burial Hopeside Va.

Date Oct - 24 - 1906

Undertaker Wm. M. Gaulter

Address 901 W. North Ave.

WM. J. C. DULANY CO., BALTIMORE

Dr Langley in response to telephonic inquiry states Patient died Septicaemia - buried Hopeside Va. Stone Presbyterian Church Yard

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 94767

94767

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 311 S. Central ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Orth

Residence, if in Baltimore, Give Street and Number. 311 S. Central ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: October 21 1904

AGE: ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singel

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph J. Orth

BIRTHPLACE OF FATHER (State or country): Germanney

MAIDEN NAME OF MOTHER: Marey Kreiner

BIRTHPLACE OF MOTHER (State or country): Germanney

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph J Orth

(Address) 311 S. Centeal Ave

Filed 10/27 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1906 to Oct. 23 1906

that I last saw h~~im~~ alive on Oct. 23 1906

and that death occurred, on the date stated above, at 6 — P. M. CAUSE OF DEATH (Secondary or Immediate

Asphyxia

(DURATION) 1 DAYS

Contributory (Primary.) Lapsallum

Bronchitis (DURATION) 4 DAYS

(Signed) Percy G Daniel M.D.

Address 121 Jackson Square

Date Oct. 24 1906

Place of Burial Sacred Heart

Date Oct 25 1906

Undertaker Wendell Funeral Co

Address 330 N. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

94768

Ward ..... 94768 Registered No. B ..... /.....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum o St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Ulshen.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/24 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 23 1906

that I last saw h.. in alive on Oct 23 1906

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate

Jan
Huntingtons Chorea

Typhoid Fever

Broncho Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) General asthenia (DURATION) DAYS

(Signed) Walter D. Shrei M.D.

Address Bay View Hospital

Date Oct. 23 1906

Place of Burial BALTO. UNIVERSITY.

Date OCT 23 1906 1906

Undertaker Rittmiller. A

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94769 Registered No. B 94769

CERTIFICATE OF DEATH

(Place of Death.) No. 2316 Boston St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Pratt

{Residence, if in Baltimore, Give Street and Number.} 2316 Boston St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1856

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/24 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23th 1906

I HEREBY CERTIFY, That I attended deceased from

..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dyspepsy

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Corner M.D.

Address 320 4 Green St

Date ..... 190 ...

Place of Burial BALTO. UNIVERSITY.

Date OCT 24 1906 190 ...

Commissioner Health.

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Morgue

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 94770 Registered No. B 94770

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 Hamilton Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Martin Court Ty.

Full Name George Thomas

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ~~White~~ Black

DATE OF BIRTH 1

AGE 43 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) U.S.a

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ~~Oct~~ ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Cumo M.D.

Address 326 S Greene St

Date Oct 23 1906

Place of Burial COLLEGE OF P. & S.

Date OCT 24 1906 190

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 94771 Registered No. B 94771

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Washington

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem. | COLOR Bck

DATE OF BIRTH May 30 1902

AGE 4 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis McGlannan

(Address) 2005 Madison Ave.

Filed 10/24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1906 to Oct. 23 1906 that I last saw her alive on Oct 22 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 10 DAYS

(Signed) Louis McGlannan M.D.

Address 2005 Madison Ave

Date Oct. 23 1906

Place of Burial COLLEGE OF P. & S.

Date OCT 24 1906

Commissioner Health

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94772 — Registered No. B 94772

CERTIFICATE OF DEATH.

(Place of Death.) No. 1900 Bank St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Fredrich

{Residence, if in Baltimore, Give Street and Number.} 1900 Bank St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 22nd 1906

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wilhelm Fredrich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Radgeb

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelm Fredrich

(Address) 1900 Bank St

Filed 10/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 5 1906

I HEREBY CERTIFY, That I attended deceased from October 22 1906 to October 24 1906 that I last saw him alive on October 23 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418. S. Paca st.

Date October 24 5 1906

Place of Burial Mt. Carmel

Date Oct. 25th 1906

Undertaker Jno. A. Inman

Address 1 Bank & Annapolis.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

94773

Registered No. B 94773

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 705 S. Regester St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Helen Witowska

{ Residence, if in Baltimore, Give Street and Number. } 705 S. Regester St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F Female | COLOR W

DATE OF BIRTH 1

AGE 4 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER John Witowski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Eva Zadrichi

BIRTHPLACE OF MOTHER (State or country) Baltimore City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Witowski

(Address) 705 S Regester

Filed 10/24 1906

HARRY G. ANDREWS
PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 24 1906

that I last saw h er alive on Oct 24 1906,

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wenkman M.D.

Address 6 S Regester

Date Oct 24 1906

Place of Burial St Stanislaus

Date October 25 1906

Undertaker Jacob Tvalkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94774

City of Baltimore, (No. 2409 Madison ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmund M. Hoffman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: January 29th 1848 (Month) (Day) (Year)

AGE: 58 years, 9 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Ephriam Hoffman

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Caroline A Horn

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: General Manager

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip N Hoffman

(Address) 2407 Madison ave

Filed 10/24 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 7 1906 to Oct. 23 1906 that I last saw h[illegible] alive on Oct. 23 1906, and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Typho-malarial fever with Complications

(DURATION) 46 DAYS

Contributory

(DURATION) DAYS

(Signed) Jos. C. Bevington M. D.

Oct 24 1906 (Address) 1906 Eutaw.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Greenmount

DATE OF BURIAL: Oct 2[illegible] 1906

UNDERTAKER: G.F. Walker

ADDRESS: 723 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B 94775

94775

CERTIFICATE OF DEATH.

(Place of Death.) No. 236 S. Madeira St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ignatz Schaech

{ Residence, if in Baltimore, Give Street and Number. } 236 S. Madeira St.

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 15th 1852
AGE	54 years, 7 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Joseph Schaech
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna M. Spitzner
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Schaech

(Address) 236 S. Madeira St.

Filed 10/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22. 1906

I HEREBY CERTIFY, That I attended deceased from May 4 1906 to Oct. 22 1906

that I last saw him alive on Oct. 22 1906,

and that death occurred, on the date stated above, at 12-40 P.M. CAUSE OF DEATH (Secondary or immediate)

Exhaustion, caused from Tuberculer Phthisis

(DURATION) 3 DAYS

Contributory (Primary.) Tuberculer Phthisis (DURATION) 180 DAYS

(Signed) Jas. L. Price M.D.

Address 13 and Gough.

Date Oct. 23. 1906. 190

Place of Burial Holy Redeemer

Date Oct. 25th 1906

Undertaker Germanus Franz

Address 1 Bank & Bowly Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 9476 — Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Fawn Street — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Fannie Binder

{Residence, if in Baltimore, Give Street and Number.} 906 Fawn St

Duration of Residence in Baltimore. 18 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: D. Block.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Baroa

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph D. Block

(Address) 906 Fawn St

Filed Oct 25th 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 — 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 - 1906 to Oct 24 1906

that I last saw her alive on Oct 24 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Embolism — probably Cardiac

7 hours (DURATION) DAYS

Contributory (Primary.) Toxaemia of Pregnancy on account of which labor was induced (DURATION) 14 DAYS

(Signed) J. Morris Simons M.D.

Address 23 W. Chase St

Date Oct 24 - 1906

Place of Burial Philip Rd Parsdale

Date Oct 25, 1906

Undertaker Mat Livings or

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94777

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sallie Cole B94777

{ Residence, if in Baltimore, Give Street and Number. } Shenandoah Page Co Va

Duration of Residence in Baltimore. 8 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo R McClenny

(Address) John Hopkins Hospital

Filed Oct 25 1906 Registrar

C & C, R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Oct 24 1906 that I last saw her alive on Oct 24 1906, and that death occurred, on the date stated above, at .....

CAUSE OF DEATH (Secondary or Immediate) Pulmonary Embolism.

(DURATION) ..... DAYS

Contributory (Primary.) Cancer of Bladder

(DURATION) ..... DAYS

(Signed) Stephen Rhoshmore. M.D.

Address Johns Hopkins Hospital

Date Oct 24 1906

Place of Burial Shenandoah Va

Date OCT 24 1906 1906

Undertaker Wm. J. Fry

Address 821 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Priebe B 94778

{Residence, if in Baltimore, Give Street and Number.} Unity, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: about 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Herman Priebe

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. W. Cassell

(Address) Unity Md

Filed Oct 25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Oct 25 1906 C.H.C.P.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 24 1906

that I last saw h[illegible] alive on Oct 24 1906

and that death occurred, on the date stated above, at 6:05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) DAYS

Contributory (Primary) Typhoid fever (DURATION) 28 DAYS

(Signed) W. W. Chis M.D.

Address University Hospital

Date Oct. 24 1906

Place of Burial Green Mount

Date Oct 25 1906

Undertaker Mrs J. Putnam Sons

Address 6 Camden & Paca Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 21 94779 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 Decatur St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Frank & Ida M. Hall

{Residence, if in Baltimore, Give Street and Number.} 1431 Decatur St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Oct 24 1906

AGE 5 Minutes old 24 Hrs Utero Gestation
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Frank Hall

BIRTHPLACE OF FATHER (State or country) M D

MAIDEN NAME OF MOTHER Ida May Holton

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Hall

(Address) 1431 Decatur

Filed 10/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10/24 1906

I HEREBY CERTIFY, That I attended deceased from 10/24 1906 to 10/24 1906

that I last saw h in alive on 10/24 1906,

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate.)

Premature birth

5 Minutes Utero Gestation
(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. J. Turlington M.D.

Address 1211 E Fort Ave

Date 10/24 1906

Place of Burial St. Mary's Protestant Epis Cem Hampden

Date Oct 25 1906

Undertaker J. Fun. McCauley

Address 396 Fort ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 94780 Registered No. B 94780

CERTIFICATE OF DEATH.

(Place of Death.) No. 313 Pearl St - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Concetta Dantoni -

{Residence, if in Baltimore, Give Street and Number.} 313 Pearl St -

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F - | COLOR W

DATE OF BIRTH Sept. 27 1906

AGE ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) City -

FULL NAME OF FATHER Gaitano Dantoni -

BIRTHPLACE OF FATHER (State or country) Italy -

MAIDEN NAME OF MOTHER Concetta Danna -

BIRTHPLACE OF MOTHER (State or country) Italy -

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gaitano Dantoni -

(Address) 313 Pearl St -

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 - 23 - 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Oct 23 1906

that I last saw h[illegible] alive on Oct 22 1906.

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mal development -
Encephalocal -

(DURATION) 26 DAYS

Contributory (Primary.) Heart failure from inty Cranial pressure (DURATION) 2 DAYS

(Signed) S. D Emanuel M.D.

Address 160 S Linden Ave

Date 10 - 23 - ✓ 1906

Place of Burial St Vincents Cemetery

Date Oct 25 1906

Undertaker Felix B. Pugh

Address 102 E Mulberry st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 94781 Registered No. B 94781

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Holcombe

{ Residence, if in Baltimore, Give Street and Number. } 613 S. St Sparrows Pt.

Duration of Residence in Baltimore.. 7,

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Black

DATE OF BIRTH ..... 1.....

AGE 21 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Wm Holcome

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Jennie Baker

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edem Holcome

(Address) 613 S St-Sparrows Point.

Filed 10/25 1906 Registrar

HARRY S. ANDREWS PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 23 1906

that I last saw him alive on Oct 23 1906, and that death occurred, on the date stated above, at 6.21 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

Perforation of Intestines

Peritonitis (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) W Edw Callen M.D.

Address Johns Hopkins Hospital

Date Oct 24 1906

Place of Burial Scholfield court house Va

Date Oct-25 th 1906

Undertaker Wm J G Jackson

Address 1421 Mullikin St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

1

(Place of Death.) No. 18 N. Bond St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Annie Amanda Marks

{Residence, if in Baltimore, Give Street and Number.} 18 N Bond st.

Duration of Residence in Baltimore. Lifetime B94782

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 22 1904

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Albert M. Marks

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Florence Klawansky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert M. Marks

(Address) #18 N. Bond St.

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Oct 24 1906

that I last saw h[illegible] alive on " 190[illegible]

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate

(DURATION) DAYS

Contributory (Primary) Sclarfama

Heart Failure (DURATION) 10 DA

(Signed) J. H. Collenberg, M.D.

Address 1810 E Balto. St

Date Oct 25 1906

Place of Burial French ship Cemetery

Date Oct 26, 1906

Undertaker Mrs Levinson

Address 1138 Low st.

1 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94783

Registered No. B.....

City of Baltimore, (No. Provident Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widdow

BIRTHPLACE (State or country): V a

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): a a

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M Roper

(Address) 402 E Camden St

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 24th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1906 to Oct. 24 1906

that I last saw him alive on Oct. 24 1906

and that death occurred, on the date stated above, at 8:30 A. M. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) 2 DAYS

Contributory Acute Pulmonary Tuberculosis

2 months (DURATION) ..... DAYS

(Signed) R. H. Johnson M. D.

Oct. 24 1906 (Address) Provident Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 603 Paca St How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Oct 26 1906
UNDERTAKER	ADDRESS
Geo F. Hooper	609 Lexington St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24

Registered No. B 94784

94784

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1004 Riverside Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philipp J Knoerr.

{ Residence, if in Baltimore, Give Street and Number. } 1004 Riverside Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 11th 1875

AGE 31 years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Hartt

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Soldier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Knoerr

(Address) 1004 Riverside Ave.

Filed 10/25 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1906 to Oct 22 1906

that I last saw him alive on Oct 22 1906

and that death occurred, on the date stated above, at 6 A M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Consumption.

Asthenia.

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Hammond Lux M.D.

Address 831 Light St

Date Oct 25 1906

Place of Burial Holy Cross R C Ch

Date October 25th 1906

Undertaker Jos. Stuntebeck

Address 818 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 94785 — Registered No. B 94785

CERTIFICATE OF DEATH.

(Place of Death.) No. 1370 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. B. Pursel

{Residence, if in Baltimore, Give Street and Number.} 1370 N. Stricker St

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jany 13 1830

AGE: 76 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Muncy Lycoming Co Pa.

FULL NAME OF FATHER: Daniel Pursel.

BIRTHPLACE OF FATHER (State or country): Frosty Valley Pa.

MAIDEN NAME OF MOTHER: Margeret Boyer.

BIRTHPLACE OF MOTHER (State or country): Dutch Valley Pa.

OCCUPATION OF DECEASED: Farmer- 12yrs at Leisure

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chester F. Pursel

(Address) 700 Jefferson St Balto.

Filed 10/25 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1906.

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906. to Oct 24 1906.

that I last saw him alive on Oct 23 1906. 8 45

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Coma

(DURATION) 2 yrs. mos. days

Contributory (Primary.) Paralysis (DURATION) 2 yrs mos

(Signed) George C. Shannon M.D.

Address 1442 Presstman St

Date Baltimore Oct 24 1906.

Place of Burial Broomes Wharf. Md

Date Oct 25th 1906

Undertaker Geo J Smith Co

Address 1000 E. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 94786 Registered No. B 94786

142

CERTIFICATE OF DEATH.

(Place of Death.) No. 1123 N. Mount St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Sarah A. Shegogue

{Residence, if in Baltimore, Give Street and Number.} 1123 N. Mount St

Duration of Residence in Baltimore. 16 years B94786

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: — 1	
AGE: 94 years, 4 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Connecticut	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): Conn	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): Conn	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eugene A. Shegogue

(Address) Phila Pa

Filed 10/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10th 1906 to Oct 10th 1906 that I last saw h[er] alive on Oct 10 1906, and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (DURATION) DAYS

Contributory (Primary.) Senile gangrene

left foot (DURATION) DAYS

(Signed) Henry M. Feghy M.D.

Address 211 N Madison St

Date Oct 25 1906

Place of Burial Warrenville Windham Conn

Date Oct 25 1906

Undertaker William Brook

Address 502 E. Hamilton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. Hampden Sq. Hospital St.; 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edgar D. Hook.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	White
DATE OF BIRTH	— — 1 (Month) (Day) Year)
AGE	53. years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie R Hook

(Address) 1204 Myrtle Ave

Filed 10/25 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 18 1906 to Oct. 23 1906

that I last saw h— alive on Oct. 23 1906,

and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 5 DAYS

Contributory Brain, Tumor

(DURATION) — DAYS

(Signed) H. G. Beauchamp M. D.

Oct 25 1906 (Address) Hampden Sq Hos

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1204 Myrtle Av How long at Place of Death? 5 Days

Where was disease contracted if not at place of death? Unknown.

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudenslak	Oct 26 1906
UNDERTAKER	ADDRESS
Wm Cook.	502 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 W. Barre St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah R Tracey

{Residence, if in Baltimore, Give Street and Number.} 909 W. Barre St.

Duration of Residence in Baltimore. Lifetime B94788

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb. 15th 1856

AGE 50 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Thomas Brown.

BIRTHPLACE OF FATHER (State or country) Unknown.

MAIDEN NAME OF MOTHER Rachel Hallet.

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R. Tracey

(Address) 909 W. Barre St.

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24th, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21 1906 to Oct 24 1906

that I last saw h alive on Oct 24 1906

and that death occurred, on the date stated above, at 3.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw Smith M.D.

Address 617 Lemmon

Date Oct 24 1906

Place of Burial Western Cemetery

Date Oct. 26th 1906

Undertaker Jno. F. Jno. John H. Teufel

Address S.W. Cor. Fayette & Fremont Aves.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 94789 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr. Josie Nicholson

{ Residence, if in Baltimore, Give Street and Number. } 420 N. Central Ave

Duration of Residence in Baltimore. 40 years.

B 94789

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Ed

DATE OF BIRTH ..... 1 .....

AGE 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or couutry)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Geo W Nicholson

(Address) 420 N. Central Ave

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 13th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1906 to Oct. 23rd 1906

that I last saw her alive on Oct. 23rd 1906

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Coma.

(DURATION) 6 DAYS

Con'ributory (Primary.) Cerebral Hemorrhage (DURATION) 30 DAYS

(Signed) W= G. Carr, M.D.

Address 515 Mosher St.

Date Oct. 23rd 1906

Place of Burial Laurel Cemetery

Date Oct 26 1906

Undertaker Alex Hemsley

Address 578 N Bradford St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94790

Registered No. B

City of Baltimore, (No. 1426 Belvidere St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marshall Hyman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Col

DATE OF BIRTH: Septr 1 (Month) (Day) 1904 (Year)

AGE: 2 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimd

FULL NAME OF FATHER: Edward Hyman

BIRTHPLACE OF FATHER (State or country): N C

MAIDEN NAME OF MOTHER: Thomas

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Bayley

(Address) 2033 Eutaw

Filed 10/25 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 22 Oct (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1 1906 to Oct 22 1906

that I last saw him alive on 22 Oct 1906

and that death occurred, on the date stated above, at 7 P. M.

The CAUSE OF DEATH was as follows:

1. General Acute Malignant Endocarditis

Dur of Asthenia about 1 (DURATION) 36 DAYS yesterday

Contributory Bad Hygiene

Condition (DURATION) DAYS

(Signed) H. Bayley M. D.

Oct 22 1906 (Address) 2033 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: 10/25 1906

UNDERTAKER: Alex Hawley

ADDRESS: 758 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — Registered No. B 9470[illegible] — 51

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julius Williams

{Residence, if in Baltimore, Give Street and Number.} 1003 Fait Ave

Duration of Residence in Baltimore. 5,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Mc williams

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sra greenberg

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L C Caplan

(Address) 1003 E Fairy

Filed 10/25 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 24 1906 that I last saw h[illegible] alive on Oct 24 1906, and that death occurred, on the date stated above, at 8.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Post operative shock

(DURATION) DAYS

Contributory (Primary.) Encephalomeningitis

(DURATION) DAYS

(Signed) Hans M. Hurd M.D.

Address Johns Hopkins Hospital

Date Oct 25 1906

Place of Burial Belair Road Hebrew Sm

Date Oct 25 26 1906

Undertaker Max Levinson

Address 1135 Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94792 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles C Randall.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white.

DATE OF BIRTH: ..... 1 .....

AGE: 49 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Wm. Randall

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Sarah Jewell

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 13 1906 to Oct. 24 1906

that I last saw h im alive on Oct 24 1906

and that death occurred, on the date stated above, at 4.45 P M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con ributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter L Steel M.D.

Address Bay View Hospital

Date Oct 24 1906

Place of Burial Greenmount Cem.

Date Oct. 26" 1906

Undertaker Kendell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94793

City of Baltimore, (No. 1703 Latrobe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. Edward Timms

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH May 7 1904
(Month) (Day) (Year)

AGE 2 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm J Timms

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice Yates

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Bayley

(Address) 2038 Bradford

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 23 1906

that I last saw him alive on Oct 23 1906

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Cerebral Miliary Tuberculosis

Duration 3 wks 2 days

Contributory Bad Vaccina

Duration 100 days

(Signed) H Bayley M. D.

(Address) 2038 Bradford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct 25 1906

UNDERTAKER Chas S Bailey

ADDRESS 1st & Jefferson Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94794

City of Baltimore, (No. 629 N Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Manuel Thomas Forsyth.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male.

COLOR: White.

DATE OF BIRTH: July 1st (Month) (Day) 1816 (Year)

AGE: 90 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jacob Forsyth.

BIRTHPLACE OF FATHER (State or country): Scotland.

MAIDEN NAME OF MOTHER: Elizabeth Meakin.

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Manufacturer of Snuff.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane A Ireland

(Address) 629 N Bond St

Filed 10/25 1906

BARRY C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 23rd (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1906 to Oct 23 1906

that I last saw him alive on Oct 23 1906,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Albuminuria

(Dea age) Paralysis

2 years (DURATION) DAYS

Contributory Trauma.

(DURATION) 15 DAYS

(Signed) Thos Cox Jr M. D.

Oct 24 1906 (Address) Arlington Md.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery

DATE OF BURIAL: Oct 26 1906

UNDERTAKER: Wm J Sukmsdohns

ADDRESS: Canton & Gay

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 9475 — Registered No. 92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanisla Chmielecka

{Residence, if in Baltimore, Give Street and Number.} Schumacher & Co. (Company) Works.

Duration of Residence in Baltimore. B94795

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	W.
DATE OF BIRTH	Oct. 25th 1904
AGE	2 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Poland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/25 1906 — (MARY C. ANDREWS) PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 23 1906 to Oct. 25 1906

that I last saw h[illegible] alive on Oct 25th 1906

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchu-Pneumonia

(DURATION) ... DAYS

Con'tributory (Primary.)

(DURATION) ... DAYS

(Signed) M. A. Dorsey M.D.

Address City Hospital

Date October 25th 1906

Place of Burial St. Evangelist

Date Oct. 25th 1906

Undertaker H. Sander Sons

Address 1312 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 94796 Regis... No. B...

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 S. Port. St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian M. Rose

{Residence, if in Baltimore, Give Street and Number.} 812 S. Port St.

Duration of Residence in Baltimore. Md. B94796

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 20th 1903

AGE: 3 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Abel A. Rose

BIRTHPLACE OF FATHER (State or country): France

MAIDEN NAME OF MOTHER: Maggie Miller

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abel A. Rose

(Address) 812 S. Port St.

Filed 10/25/ 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 25d 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Oct 25d 1906 that I last saw h[illegible] alive on Oct 25d 1906, and that death occurred, on the date stated above, at 1-30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria (Laryngeal)

(DURATION) 5-27 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Mackay Jr. M.D.

Address 804 Cathedral

Date Oct 25d 1906.

Place of Burial Mount Carmel Cem.

Date Oct. 25th 1906

Undertaker Germanus Thanen

Address Bank & Wolfe Sts.

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94797 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1140 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ann King

{Residence, if in Baltimore, Give Street and Number.} 1140 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 31 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo E. King

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth M. King

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Fields

(Address) 1200 W. Lombard

Filed 10/25/ 1906 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Aug 3 1906 to Oct 24 1906 that I last saw h alive on Oct 23 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Cutaneus

(DURATION) 6 months DAYS

Contributory (Primary.) Phthisis

Pulmonalis (DURATION) uncertain DAYS

(Signed) L. McLaughlin M.D.

Address 602 S. Paca, st.

Date Oct 25 1906

Place of Burial London Park

Date Oct. 26th 1906

Undertaker John D. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 94798 ... 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 Albemarle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Joseph Leonard

{ Residence, if in Baltimore, Give Street and Number. } 503 Albemarle

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 12 1886

AGE: 20 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Leonard

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ellen Mitchell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Box Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ellen Chandler

(Address) 503 Albemarle St.

Filed 10/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24th 1906

I HEREBY CERTIFY, That I attended deceased from About Sept 5 1906 to Oct 24th 1906

that I last saw him alive on Oct 24th 1906

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Diabetes Mellitus

(DURATION) DAYS

(Signed) Edw C Reinoehl M.D.

Address 309 N Charles

Date Oct 25th 1906

Place of Burial St. Vincents Cemetery

Date Oct 26" 1906

Undertaker Evans & Spence

Address 118 & 120 W Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 94735 — No. B — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 Mayer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Rott

{Residence, if in Baltimore, Give Street and Number.} 2108 Mayer st

Duration of Residence in Baltimore. Life B94799

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 27 1881

AGE: 25 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frank Rott

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catharine Bergman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Harness maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Rott

(Address) 2108 Mayer st.

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Octob 24th 1906

I HEREBY CERTIFY, That I attended deceased from January 24th 1906 to Octob 24th 1906

that I last saw h im alive on Octob 20th 1906,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or immediate)

Pulmonary Tuberculosis

9 Months (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Robert Sachs M.D.

Address 1918 E. Baltimore

Date Octob 24th 1906

Place of Burial Holy Redeemer

Date Oct. 27 1906

Undertaker Jos. J. Herr

Address 1914 E. Fayette st

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94800

City of Baltimore, (No. 1321 N Post St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Earl Hamilton Little

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct. 26 (Month) (Day) 1906 (Year)

AGE: ..... years, 4 months, 29 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Geo. N. Little

BIRTHPLACE OF FATHER (State or country): Balto. Co Md

MAIDEN NAME OF MOTHER: Mary E. Graham

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1324 N. Port St

Filed 10/26 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Oct 24 1906

that I last saw h[illegible] alive on Oct 24 1906,

and that death occurred, on the date stated above, at 2.20 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 1/0 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) E. H. Little M. D.

Oct 25 1906 (Address) 2250 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore County

DATE OF BURIAL: Oct 26 1906

UNDERTAKER: Henry Forde Son

ADDRESS: 139 E Eager St.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B 94801

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 Ashland Ave St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William E Burrier

{ Residence, if in Baltimore, Give Street and Number. } 1303 Ashland ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Burrier

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Burrier

(Address) 1303 Ashland, Ave

Filed 10/26 1906

DAIRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Oct 24 1906 that I last saw him alive on Oct 24 1906, and that death occurred, on the date stated above, at 9.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Contributory (Primary.) Pulmonary tuberculosis.

(Fibroid) (DURATION) 3 years ~~DAYS~~

(Signed) Wm L. Todd. M.D.

Address 1202 E. Monument St.

Date Oct 24 1906

Place of Burial Mt. Carmel Cemetery

Date Oct. 26 1906

Undertaker Geuss (Locke) Sons

Address 301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11th

94802 Registered No. B 94802 19

CERTIFICATE OF DEATH.

(Place of Death.) No. 939 St Paul St St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name Elizabeth Mary Howard

{Residence, if in Baltimore, Give Street and Number.} 939 St Paul St

Duration of Residence in Baltimore. 33 years this coming November

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH 10th September 1839

AGE 67 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Maried

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Greenbury William Ridgely

BIRTHPLACE OF FATHER (State or country) Maryland or Kentucky

MAIDEN NAME OF MOTHER Mary Worth

BIRTHPLACE OF MOTHER (State or country) Don't know I think Pennsylvania

OCCUPATION OF DECEASED Wife & Mother

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Jas McH Howard

(Address) 939 St Paul St. Balto

Filed 10/26 1906

WM. J. C. DULANY, CITY REGISTRAR AND PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24th 1906

I HEREBY CERTIFY, That I attended deceased from October 20th 1906 to Oct 24th 1906

that I last saw her alive on Oct 24th 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia (and Oedema of the Lungs)

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis, Mitral insufficiency (DURATION) - DAYS

(Signed) Wm J. Luckett M.D.

Address 8 E. Eager St.

Date October 26th 1906

Place of Burial Greenmount Cem

Date October 26th 1906

Undertaker H. W. Jenkins & Son Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

City of Baltimore, (No. 62, Brunis Lane St.; ..... Ward) Registered No. B 94803

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ernest Laudel

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male.

COLOR: White.

DATE OF BIRTH: Nov. 3, 1849. (Month) (Day) (Year)

AGE: 56. years, 11. months, 21 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Ernest Laudel.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Marie ~

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Butcher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Matilda Laudel

(Address) 62 Brunis Lane.

Filed 10/26 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 24, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1906 to Oct. 23 1906 that I last saw him alive on Oct. 23, 1906, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Chronic Parenchymatous Nephritis.

(DURATION) ~ DAYS

Contributory Alcoholic excess.

(DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

Oct. 24, 1906 (Address) 2136 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Oct 26 1906

UNDERTAKER: Mrs Geo P Pantus

ADDRESS: 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

94804

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 N. Mount St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma A. Slyder

{ Residence, if in Baltimore, Give Street and Number. } 808 N. Mount

Duration of Residence in Baltimore. Life. B 94804

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Wh.
DATE OF BIRTH: May 24	18 47
AGE: 59 years, 5 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Wm H. Knight.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Anna Lockwood
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. A. Slyder

(Address) 808 N. Mount

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct-18 1906 to Oct 24 1906

that I last saw h~~er~~ alive on Oct 23 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

One year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Boyley M.D.

Address 1701 Hollins Ave

Date Oct 25 1906

Place of Burial Western Cem

Date Oct 26 1906

Undertaker Wm Cook

Address 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ....

166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital. St. (If Death occurred in Hospital or institution give its Name instead of Street and Number)

Full Name Mary A. Brady.

{ Residence, if in Baltimore, Give Street and Number. } 618 Stirling St

Duration of Residence in Baltimore. Life. B97805

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White.
DATE OF BIRTH	1
AGE	65 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. York

(Address) 709 Fremont Ave

Filed 10/26 1906

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24th 1906

I HEREBY CERTIFY, That I attended deceased from Sudden 190 to 190

that I last saw ~~H~~ alive on 190

and that death occurred, on the date stated above, at 1-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock - Concussion Chest.

(DURATION) DAYS

Contributory (Primary) Accidentally

(DURATION) DAYS

(Signed) Benj. Dayton M.D.

Address 216 N. Carlton St Comer

Date Oct. 25 1906

Place of Burial St Patricks

Date Oct 26 1906

Undertaker Williams Boots

Address 502 North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — Registered No. B 94806

94806

CERTIFICATE OF DEATH.

(Place of Death.) No. 3259 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Oliver M. Warfield

{Residence, if in Baltimore, Give Street and Number.} 3259 Chestnut Ave

Duration of Residence in Baltimore. 84 C

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 3 1831

AGE: 75 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Warfield

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Dorsey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Book Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles D. Warfield

(Address) 2259 Chestnut Ave

Filed 10/26 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1906

I HEREBY CERTIFY, That I attended deceased from October 24 1906 to Oct 25 1906 that I last saw h.. alive on Oct 25 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema following Apoplexy.

(DURATION) DAYS

Contributory (Primary.) Haemorrhage at Base of Brain Apoplexy (DURATION) 2 DAYS

(Signed) J. J. Kelley M.D.

Address 3849 Roland Ave

Date Oct 26 1906

Place of Burial Loudon Park

Date Oct 26 1906

Undertaker P S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...City of Baltimore.

Ward 7

94807 Registered No. B 94807

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 S Durham St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Catherine Niederspahn

{ Residence, if in Baltimore, Give Street and Number. } 6 S. Durham

Duration of Residence in Baltimore. 2

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Niederspahn

(Address) 6 S Durham St

Filed 10/26 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct-19th 1906 to Oct. 26th 1906

that I last saw h[illegible] alive on Oct. 25 1906,

and that death occurred, on the date stated above, at 2.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 7 DAYS

Contributory (Primary.) Oedema of Lungs

(DURATION) 1 DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E. Baltimore

Date Oct - 26th 1906

Place of Burial Greenmount

Date Oct 29 1906

Undertaker Frank L Wach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

94805 94808

Ward 9 Registered No. B 159

CERTIFICATE OF DEATH.

(Place of Death.) No. 1426 N. Patterson Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. Hamme

{Residence, if in Baltimore, Give Street and Number.} 1426 N. Patterson Park

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH November 27 1841

AGE 64 years, 9 months, 27 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Hamme

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederika Hamm

(Address) 1426 N. Patterson Park Ave

Filed 10/26 1906

(HENRY C. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 24 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide by Pistol

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carrier M.D.

Address Coroner's Office

Date October 24 1906

Place of Burial Mt Carmel Cem.

Date Oct. 26th 1906

Undertaker H. Sander & Sons

Address 1710 Caroline Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...EALTH DEPARTMENT, City of Baltimore.

Ward 12

94809 Registered No. B 94809

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 215 Hare St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Child of Georgia Inman. Negro

{Residence, if in Baltimore, Give Street and Number.} 215 Hare St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Oct 13 1906

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/26 1906

Registrar

263

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ...

that I last saw h ... alive on ..... 190 ...

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility
7 days

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Clinton Linthicum M.D. Coroner

Address 1818 N. Charles St

Date Oct 23 1906

Place of Burial

Date OCT 24 1906 190 ...

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. **B** 94810

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hubley Laypold

{ Residence, if in Baltimore, Give Street and Number. } 213 Penna Ave

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Self.

(Address)

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 22 1906 that I last saw h im alive on Oct 22 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dilatation

(DURATION) 2 DAYS

Contributory (Primary.) Rheumatism.

(DURATION) — DAYS

(Signed) Robt O Bay M.D.

Address University Hospital

Date Oct 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 25 1906 190

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

263

...HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 94810 — Registered No. B 94810

CERTIFICATE OF DEATH.

47

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Leyfold

{ Residence, if in Baltimore, Give Street and Number. } 213 Penn Ave

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: 1

AGE: 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Self.

(Address)

Filed 10/26 1906 — Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Oct 22 1906

that I last saw h in alive on Oct 22 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac dilatation

(DURATION) — DAYS

Contributory (Primary.) Rheumatism

(DURATION) — DAYS

(Signed) Robt P.C Bay M.D.

Address University Hospital

Date Oct. 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date OCT 25 1906 190...

Undertaker Commissioner Health

Address Health Department

See Followers

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

2/3

Ward ..... 94811 Registered No. B 94811

CERTIFICATE OF DEATH.

(Place of Death.) No. 455 St Marys St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frances V. Mourbay

{ Residence, if in Baltimore, Give Street and Number. } 455 St. Marys St

Duration of Residence in Baltimore. Twelve years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Havre de grace Md.

FULL NAME OF FATHER: James Mourbray

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Sarah Dutton

BIRTHPLACE OF MOTHER (State or country): Havre de Grace Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Mourbary

(Address) 455 St Mary's St

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 m 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

died suddenly ..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (Catons)

Date Oct. 25 m 190 6

Place of Burial St Peters Cemetery

Date Oct 27 1906

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94812 — Registered No. B 94812

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 Mount St. Court St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Dorcey Waters

{Residence, if in Baltimore, Give Street and Number.} 1601 Mount St Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Col
DATE OF BIRTH: 1	
AGE: 1 years, 6 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: George Waters	
BIRTHPLACE OF FATHER (State or country): Howard Co. Md	
MAIDEN NAME OF MOTHER: Martha Harris	
BIRTHPLACE OF MOTHER (State or country): Howard Co. Md	
OCCUPATION OF DECEASED: infant	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Waters

(Address) 1601 Mount st Court

Filed 10/26 1906

Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Oct 24 1906

that I last saw h[er] alive on Oct 24 1906,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Intussusception

~~Bronchial Pneumonia~~

Intussusception

(DURATION) 2 DAYS

Con'rlbutory (Primary.) Broncho Pneumonia

(DURATION) 7 DAYS

(Signed) J. L. Hooper M.D.

Address 327 N. Charles

Date Oct 25. 1906

Place of Burial Mount Auburn Cemetery

Date Oct. 26th 1906

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...DEPARTMENT, City of Baltimore.

Ward ...

94813 Registered No. B 94813

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 W. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Basil

{ Residence, if in Baltimore, Give Street and Number. } 529 W. Charles St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: May 1 1838

AGE: 68 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Edw. Armstrong

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Jane Crook.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Crummer

(Address) 608 Lennox St.

Filed 10/26 1906

JAMES C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25th 1906 to Oct 23rd 1906 that I last saw h[er] alive on Oct 23rd 1906, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of pregnancy

(DURATION) 7 DAYS

Contributory (Primary.) Arterio Sclerosis of 7 years duration. (DURATION) DAYS

(Signed) C. B Gamble M.D.

Address 242 N. Biddle St

Date Oct 24th 1906

Place of Burial Loudon Park

Date Oct. 26, 1906

Undertaker Henry W. Means 2nd Sons

Address 705 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 94814 Registered No. B 94814

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Dietzel

{Residence, if in Baltimore, Give Street and Number.} 250 S. Chapel St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 7 1872

AGE: 34 years, 4 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Dietzel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Krost

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Dietzel

(Address) 250 S Chapel St

Filed 10/26 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to Oct 26 1906

that I last saw him alive on Oct 26 1906

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Delirium Tremens

(DURATION) 1 DAYS

Contributory (Primary.) Alcoholism

(DURATION) 4 DAYS

(Signed) Geo. H. Pfluger M.D.

Address St. Josephs Hospital

Date Oct 26 1906

Place of Burial Oak Dawn Cemetery

Date Oct 29 1906

Undertaker Louis Heermann

Address 6 S Caroline St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 94815 — Registered No. B 94815

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1334 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathew J. Crosby.

{Residence, if in Baltimore, Give Street and Number.} 1334 Ensor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male — COLOR White	DATE OF DEATH Oct 23 1906
DATE OF BIRTH 1	I HEREBY CERTIFY, That I attended deceased from 190 to 190
AGE 46 years, — months, — days	that I last saw h alive on 190,
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE (State or country) Md.	
FULL NAME OF FATHER Michael Crosby	Cerebral Hemorrhage (Sudden)
BIRTHPLACE OF FATHER (State or country) Ireland	(DURATION) DAYS
MAIDEN NAME OF MOTHER Mary Coleman	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) Ireland	(DURATION) DAYS
OCCUPATION OF DECEASED Machinist	(Signed) Joseph Carmichael M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address Coroners Office
(Informant) Wife	Date Oct 24 — 06 190
(Address) 1334 Ensor St.	Place of Burial Cathedral
Filed 10/26 1906	Date Oct 27 1906
Registrar	Undertaker H. C. Windfield
	Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 94816 — Registered No. B 94816

CERTIFICATE OF DEATH.

(Place of Death.) No. 1222 E. Monument St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.) Nursery

Full Name Fredrick Williams

{Residence, if in Baltimore, Give Street and Number.} 1222 E. Monument St

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH December 2nd 1842

AGE 63 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Basket Weaver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Riemeyer

(Address) 1505 Millington

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Fredrick Camillus M.D.

Address Coroners Office

Date Oct. 25 1906

Place of Burial Mt Carmel Cemetery

Date October 27th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 94817 — Registered No. B 94817 — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1228 E Madison st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name B. Franklin Bosnell

{Residence, if in Baltimore, Give Street and Number.} 1228 E Madison st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	February 10th 1831
AGE	75 years, 8 months, 15 days
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~	single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Thomas Bosnell
BIRTHPLACE OF FATHER (State or country)	Balto Co Md
MAIDEN NAME OF MOTHER	Mary Lockard
BIRTHPLACE OF MOTHER (State or country)	Balto Co Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Stone

(Address) 1228 E Madison st

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 25 1906 that I last saw h.. alive on Oct 25 1906, and that death occurred, on the date stated above, at 10.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Senility.

(DURATION) DAYS

Contributory (Primary.) Asthenia.

(DURATION) DAYS

(Signed) M. L. Todd M.D.

Address 1202 E. Monument st

Date Oct 25 1906.

Place of Burial Reisterstown Methodist Cem Lutheran

Date Oct 27th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 94818 Registered No. B 94818

CERTIFICATE OF DEATH.

(Place of Death.) No. 427 S. Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helene, Nettie Westphal

{Residence, if in Baltimore, Give Street and Number.} 427 S. Pulaski St.

Duration of Residence in Baltimore. Life - time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH January, 14th 1892

AGE 14 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER George Westphal

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Sophie Seely

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Westphal

(Address) 427 S. Pulaski St

Filed 10/26 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October, 25th 1906

I HEREBY CERTIFY, That I attended deceased from October, 3d 1906 to October, 25. 1906 that I last saw her alive on October, 25. 1906, and that death occurred, on the date stated above, at 7.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suffered with Typhoid Fever uncomplicated up to October 17th when the spleen and Parotid gland enlarged (DURATION) DAYS

Contributory (Primary.) high fever and violent delirium causing heart failure (DURATION) time DAYS.

(Signed) Dr. Hendrick M.D.

Address 751 W. Lanvale St

Date October, 25th 1906

Place of Burial Loudon Park

Date Oct - 27th 1906

Undertaker C. F. McCormick

Address 1724 W. Lombard St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94819

City of Baltimore, (No. 1435, Milliam St.; 24th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ralph Crotsley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July (Month) 15 (Day) 1851 (Year)
AGE	55 years, 3 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Phillipsburg N. J
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Elizabeth Hoover
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Engineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie E. Crotsley

(Address) 1435 Williams St

Filed 10/26 1906 HARRY C. ANDREWS, PUBLIC CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 25 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to Oct 25 1906 that I last saw him alive on Oct 23 1906, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Had Stroke of Paralysis — Slight — another shown in May from which he did not recover

(DURATION) DAYS

Contributory Third attack Oct 25 — Apoplexy & Cerebral Hemorrhage (DURATION) DAYS

(Signed) F. P. Adams M. D.

Oct 26 1906 (Address) 2124 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Cantidge N J — DATE OF BURIAL Oct-27 1906

UNDERTAKER John E Evans — ADDRESS 1428 Charles

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 94820 — Registered No. B 94820

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1116 Thompson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Teresa Pistorino Anello

{Residence, if in Baltimore, Give Street and Number.} 1116 Thompson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W.
DATE OF BIRTH	Oct 25 1906
AGE	5 Minutes
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John Anello
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Teresa Pirate
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Anello

(Address) 1116 Thompson St

Filed 10/26 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Oct 25 1906

that I last saw h— alive on Oct 25 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.) Acute Pneumonia

(DURATION) DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date Oct 25 1906

Place of Burial St. Vincent Cem.

Date Oct 27 th 1906

Undertaker A. Fink & Son

Address 915 E. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 94821 Registered No. B 94821

CERTIFICATE OF DEATH.

17 V

(Place of Death.) No. Body found floating off Ft of Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} Unknown

Duration of Residence in Baltimore. Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown

AGE: about 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Unknown

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Otto M. Reinhardt, Coroner

(Address)

Filed 10/26 1906

HENRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Body found October 21 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto M. Reinhardt M.D.

Address Coroner

Date October 24 1906.

Place of Burial UNIVERSITY OF MARYLAND

Date OCT 26 1906 190

Commissioner Health,

Undertaker

Address Health department.

WM. J. C. DULANY CO., BALTIMORE. Cities to buy. Buy State Stocks. FOR PATRIOTIC PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94822 Registered No. B 94822 27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Birdie Handy.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/26 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 11 1906 to Oct 24 1906

that I last saw her alive on Oct 24 1906

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Walter D. Lire M.D.

Address Bay View Hospital

Date Oct 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date 190

Undertaker William H. Woodes

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

94823

Ward..... *Registered No. B*..... 94823

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Nolan

{ *Residence, if in Baltimore,* } .....
{ *Give Street and Number.* }

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: white
DATE OF BIRTH: 1	
AGE: 62 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/26 190 6 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 25 1906

that I last saw h.. in alive on Oct 25 1906

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Tubercular Pneumonia

..... (DURATION) ..... DAYS

Con tributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D. Stri M.D.

Address Bay View Hosp.

Date Oct 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date ..... 190 ....

Undertaker William H. Woodyer

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 94821 — Registered No. B 94821

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward McCroden

{Residence, if in Baltimore, Give Street and Number.} 1834 Light St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John McCroden

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ellen Carr

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 10/26 1906

GUY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to Oct 26 1906

that I last saw him alive on Oct. 26 1906

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Walter D Mini M.D.

Address Bay View Asylum

Date Oct 26 1906

Place of Burial Cathedral Cemetery

Date Oct 27 1906

Undertaker Daniel & Margaret E Fligner

Address 42 West St

WM. J. C. DULANY CO., BALTIMORE.

Ward 15 94825 Registered No. B 94825

CERTIFICATE OF DEATH.

(Place of Death.) No. 1552 Richland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Edward Klein

{Residence, if in Baltimore, Give Street and Number.} 1552 Richland st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 9th 1906

AGE: 0 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Klein

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Daisy Ayers

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Nobe

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Klein

(Address) 1552 Richland st

Filed 10/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1906 to Oct 25 1906

that I last saw h- alive on Oct 20 1906

and that death occurred, on the date stated above, at 3:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis Colitis

(DURATION) 10 DAYS

Contributory (Primary.) Dysentery

(DURATION) DAYS

(Signed) J R Mullen M.D.

Address 594 Pressman

Date Oct 26th 1906

Place of Burial Baltimore Cemetery

Date Oct 27th 1906

Undertaker Geo. Weber

Address 11.515 N. Carey st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 94826 — Registered No. B 94826

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf. asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Jones

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf asy

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Sept 20 1906

AGE: — years, 1 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincent's I. Asy.

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 24 1906

that I last saw h[illegible] alive on Oct 24 1906

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E W Hayward M.D.

Address 1238 N Caroline

Date Oct 25 1906

Place of Burial New Cathedral

Date Oct 26th. 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14

94827 Registered No. B 94827

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Md. Incurable Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Gilmore

{Residence, if in Baltimore, Give Street and Number.} Md Incurable Inf. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 9, 1906

AGE: — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: C

BIRTHPLACE OF FATHER (State or country): C

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) M. I. Asy.

Filed 10/26 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Oct 25 1906 that I last saw him alive on Oct 24 1906, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate) Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1232 E. Pratt

Date 10/26 1906

Place of Burial New Cathedral

Date Oct. 26th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

Registered No. B 94828

94828

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Ramsey Lesley

{ Residence, if in Baltimore, Give Street and Number. } (Lifetime) St. Vincents Inf. Asy

Duration of Residence in Baltimore. 1

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Sept 29 1906

AGE: ___ years, ___ months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ___

BIRTHPLACE OF FATHER (State or country): ___

MAIDEN NAME OF MOTHER: ___

BIRTHPLACE OF MOTHER (State or country): ___

OCCUPATION OF DECEASED: ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ___

(Address) St. V. I. Asy.

Filed 10/26 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Oct 24 1906 that I last saw h[illegible] alive on Oct 24 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. K. Shayer M.D.

Address 1233 W Conway

Date 10/25 1906

Place of Burial New Cathedral

Date Oct. 26th 1906

Undertaker Martin Gahagan Co.

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94829

Ward 14 94829 Registered No. B

CERTIFICATE OF DEATH. 151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Stout

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Aug 17th 1906
AGE	..... years, 2 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 10/26 6

..... 190.....

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Oct 25th 1906

that I last saw h— alive on Oct 24 1906,

and that death occurred, on the date stated above, at 7

P M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) J K McGeegan M.D.

Address 1529 Park Ave

Date Oct 26th 1906

Place of Burial New Cathedral

Date Oct 26th 1906

Undertaker Martin Fahey & Sons

Address 1000 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94830 Registered No. B 94830

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Phillip J. Tinley.

{Residence, if in Baltimore, Give Street and Number.} #11 Waverly Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Frederick Tinley

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Mary Spain

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry J. Tinley

(Address) 1118 Linden Ave

Filed 10/26 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 25 1906 that I last saw h[illegible] alive on Oct 25 1906, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Cardio-respiratory failure
following Brain Tumor

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas B. Futcher M.D.

Address Johns Hopkins Hospital

Date Oct 25 1906

Place of Burial Loudon Park. Cem.

Date OCT 27 1906 190

Undertaker Wm. F. Fry

Address 221 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94831 Registered No. B 94831

CERTIFICATE OF DEATH. 72

(Place of Death.) No. Md. Gen Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Howard S. Miller

{ Residence, if in Baltimore, Give Street and Number. } 800 N. Howard st

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 9 ... 1...

AGE: 22 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: ~~Single~~ Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John B. Miller

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Delevan Thompson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delevan Miller

(Address) 800 N. Howard st.

Filed 10/26 6 190

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 25-th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Malaria

(DURATION) 11 DAYS

Contributory (Primary.) accidental

wound of foot (DURATION) 15 DAYS

(Signed) Allan MacBain M.D.

Address 700 Log. av. (Govans,

Date Oct. 25-th 1906

Place of Burial Mt. Carmel Cem.

Date OCT 27 1906 190

Undertaker Wm. J. Dy

Address 811 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94832

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94832

City of Baltimore, (No. #11 S. Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George H. Green

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Nov (Month) 9 (Day) 1835 (Year)

AGE: 71 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ind

FULL NAME OF FATHER: Douglas Green

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Addii Wiles

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine E. Green

(Address) 11 S Bond St.

Filed 10/26 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 18 1906

that I last saw him alive on Oct. 15 1906

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Valvular disease of Heart

3 Years (DURATION) ... DAYS

Contributory Senility (DURATION) 2 DAYS

(Signed) H. S. Gilroy M. D.

Oct 26 1906 (Address) 131 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt. Olivet Cem.

DATE OF BURIAL: OCT 29 1906

UNDERTAKER: Wm. J. Fry

ADDRESS: [illegible] E. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1st 94833 Registered No. B 94833

CERTIFICATE OF DEATH.

(Place of Death.) No. 2726 Hudson St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F Laherty

{Residence, if in Baltimore, Give Street and Number.} 2726 Hudson St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 6th 1885

AGE 21 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William J. Flaherty

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary McDonough

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J. Flaherty

(Address) 2726 Hudson St

Filed 10/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 25 1906 that I last saw her alive on Oct 24 1906, and that death occurred, on the date stated above, at 11 PM. CAUSE OF DEATH (Secondary or Immediate)

Haemorrhagic Nephritis

one Year (DURATION) DAYS

Contributory (Primary.) Pulmonary

T. B. Two years (DURATION) DAYS

(Signed) W. L. Burke M.D.

Address 218 O'Donnell

Date Oct 25 1906

Place of Burial Holy Cross

Date Oct 27th 1906

Undertaker Jno G. Inman

Address Bank & Aisquith

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 94834 Registered No. B 94834

CERTIFICATE OF DEATH.

(Place of Death.) No. 84 Joseph Hartsfield (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Endicott

{Residence, if in Baltimore, Give Street and Number.} 422 Bell St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE 4 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Paul Brockett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lillie Peterson

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Brockett (Mother)

(Address) 422 Bell St

Filed 10/27 190 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 190

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate) Burns of body (see)

..... (DURATION) .....

Contributory (Primary.) .....

..... (DURATION) .....

(Signed) Geo. H. Carnline M.D.

Address Coroners Office

Date Oct 27 — 1906

Place of Burial Laurel Cemetery

Date Oct 29 190

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94835 Registered No. B 94835

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 711 Forrest St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lloyd McCatherine

{Residence, if in Baltimore, Give Street and Number.} 711 Forrest St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James McCatherine

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Martha McM

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs James McCatherine

(Address) 711 Forrest St

Filed 10/27 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Oct 26th 1906

that I last saw him alive on Oct 25th 1906,

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 60 DAYS

(Signed) [illegible] M.D.

Address 509 N Calvert

Date Oct 26th 1906

Place of Burial Baltimore Cem

Date Oct 29 1906

Undertaker William Boast

Address 502 E. North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 25 94836 Registered No. B 94836

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 831 Plum alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Johnson

{Residence, if in Baltimore, Give Street and Number.} 831 Plum alley

Duration of Residence in Baltimore. 40 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH — — 1846

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Kent Co Md

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George H Ferguson

(Address) 921 St Paul St.

Filed 10/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25th 1906.

I HEREBY CERTIFY, That I attended deceased from Oct 6th 1906 to Oct 25th 1906, that I last saw her alive on Oct 24 1906, and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis (DURATION) 20 DAYS

Contributory (Primary)

Asthma (DURATION) 60 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1339 W. North Ave

Date Oct 25th 1906.

Place of Burial Mt. Auburn Cem

Date Oct. 28, 1906

Undertaker John H. Toadvine

Address 206 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 94837 — Registered No. B 94837

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Cara L. Billmeyer

{Residence, if in Baltimore, Give Street and Number.} 1615 N. Fulton Ave.

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Oct 28 1870

AGE: 35 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Carroll Co Md.

FULL NAME OF FATHER: Jesse Billmeyer

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Elizabeth Lambert

BIRTHPLACE OF MOTHER (State or country): Balto Co Md.

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Merion Powers

(Address) 1615 N Fulton ave

Filed 10/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1906 to Oct 26, 1906

that I last saw her alive on Oct 26, 1906,

and that death occurred, on the date stated above, at 11-0 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cause - obscure.

Slight Mourmur (Left side).

Slight nephritis.

Possibly Pulmonary Tuberculosis ? (DURATION) ? DAYS

Contributory (Primary.) Cesthenia. (DURATION) 1 DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Oct 26. 1906

Place of Burial Emmitsburg Carroll Co Md.

Date Oct 29 1906

Undertaker W. Mannix Routson

Address 230 N Green St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 94833 — Registered No. B 94838

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 823 S Chesapeake St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T. Connor

{Residence, if in Baltimore, Give Street and Number.} 823 S. Chesapeake St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Apr. 23rd 1887
AGE	19 years, 6 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John T. Connor
BIRTHPLACE OF FATHER (State or country)	Balto. Co. Md.
MAIDEN NAME OF MOTHER	Ellen Divers
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T. Connor

(Address) 823 S. Chesapeake

Filed 10/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1906

I HEREBY CERTIFY, That I attended deceased from March 1st 1906 to Oct. 26 1906 that I last saw h in alive on Oct. 26 1906, and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) 7 mon. DAYS

Contributory (Primary.)

asthenia (DURATION) DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton St.

Date Oct. 27th 1906

Place of Burial Holy Cross Cemetery

Date Oct 29th 1906

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 W

94839

Registered No. B 94839

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 S. Durham St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Rose

{Residence, if in Baltimore, Give Street and Number.} 415 S. Durham St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 11 1849
AGE	57 years, 7 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Johann Folber
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Rose

(Address) 415 S. Durham St

Filed 10/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21 1906 to Oct 25 1906

that I last saw h alive on Oct 24 1906,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 16 S. Broadway

Date Oct 24 1906

Place of Burial Mount Carmel Cem.

Date Oct. 27 1/2 1906

Undertaker Germania Frame

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94840 Registered No. B 94840

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. H. Benedict

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Martha Benedict

BIRTHPLACE OF MOTHER (State or country) Montgomery Co

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Tyler

(Address) Md Penitentiary

Filed 10/27 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to Oct 27 1906

that I last saw h... alive on Oct 26 1906

and that death occurred, on the date stated above, at 4.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthysis Pulmonalis

8 months (DURATION) DAYS

Contributory (Primary.) Intercurrent Events.

8 months (DURATION) DAYS

(Signed) Thurston Arthur M.D.

Address 1808 N. Charles St.

Date Oct 27 1906

Place of Burial Sacred Heart Cem.

Date Oct. 27 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the undertaker setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94841 — Registered No. B 94841

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1936 E. Lombard st — St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Lang.

{ Residence, if in Baltimore, Give Street and Number. } 1936 E Lombard st

Duration of Residence in Baltimore. 5 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Apr. 1906

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Geo. A. Lang

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Horstschneider

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Lang

(Address) 1936 E. Lombard St.

Filed 10/27 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 25th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to Oct 25 1906

that I last saw h[illegible] alive on Oct 25 1906,

and that death occurred, on the date stated above, at 9 40 A. M. CAUSE OF DEATH (Secondary or Immediate

Asphenia

(DURATION) 20 DAYS

Contributory (Primary) Intestinal Indigestion

(DURATION) 35 DAYS

(Signed) Chas. Digby Jr. M.D.

Address Osler's Dispensary

Date Oct. 26th 1906

Place of Burial St. Alphonsus

Date 10/27/06 1906

Undertaker J. Herring & Son

Address 1008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 11 — 94842 — Registered No. B 94842

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 937 N. Calvert St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Cluskey Mullin

{Residence, if in Baltimore, Give Street and Number.} 937 N. Calvert St

Duration of Residence in Baltimore. 34 years (all his life)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 11 1872

AGE: 34 years, 1 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single (was never married)

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Michael Mullin

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Josephine Cluskey

BIRTHPLACE OF MOTHER (State or country): State of Georgia

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Mullin

(Address) 937 N. Calvert St

Filed 10/27 1906 — HARRY C. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 25 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to Oct 25 1906

that I last saw him alive on Oct 25 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

— —

(DURATION) 104 DAYS

Contributory (Primary.)

(DURATION) [illegible] DAYS

(Signed) B. B. Browne M.D.

Address 510 Park Ave

Date October 26 1906

Place of Burial New Cathedral Cem

Date Oct 29th 1906

Undertaker Hedgelin Bros Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 94843 — Registered No. B 94843

CERTIFICATE OF DEATH.

166

(Place of Death.) No. P R R tracks betw. Lawrence & Allen Sts. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Flagle

{Residence, if in Baltimore, Give Street and Number.} 1402 Hanbert St

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 9, 1848

AGE 58 years, 5 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Dont know

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Bennet (Son in law)

(Address) 1402 Hanbert St

Filed 10/27 1906

HARRY G. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.05 A. M. CAUSE OF DEATH (Secondary or Immediate)

Internal injuries

accidently struck

by B & O Engine #2275

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Otto Weinhardt M.D.

Address Coroner

Date Oct 27 1906

Place of Burial Cedar Hill

Date October 29th 1906

Undertaker Jos. Stanton & Co

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94844 Registered No. B 94844

CERTIFICATE OF DEATH.

(Place of Death.) No 1834 Orleans St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Wassmann Jr

{ Residence, if in Baltimore, Give Street and Number. } 1834 Orleans st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1859

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Kurt Wassman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Winter

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Wassman

(Address) 1834 Orleans st

Filed 10/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25th 1906

I HEREBY CERTIFY, That I attended deceased from May 1906 to Oct. 25th 1906 that I last saw h alive on Oct. 25th 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Edema

Exhaustion

Chronic Enteritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M.D.

Address 1719 Eager St

Date Oct. 26th 1906

Place of Burial St Mathews Cemetery

Date October 28th 1906

Undertaker Christian Miller

Address No 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 94845

Registered No. B.....

City of Baltimore, (No. 126, S. Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgia Tracy Gray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 8 (Day) 1855 (Year)

AGE: 51 years, 7 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Samuel S Tracy

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Annie E Mage

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stephen H. Gray

(Address) 126 S. Gilmor

Filed 10/27 1906

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 25th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to Oct 25th 1906, that I last saw h[er] alive on Oct 25th 1906, and that death occurred, on the date stated above, at 11.30 A. M. The CAUSE OF DEATH was as follows:

Abdominal Cancer

Two Years (DURATION) — DAYS

Contributory Not thought definite (DURATION) DAYS

(Signed) John N Bff M. D.

Oct 26th 1906 (Address) 701 N Paca St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Oct 27 1906

UNDERTAKER: Jos B Cook — ADDRESS: 1023 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94846

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94846

Registered No. B .....

City of Baltimore, (No. 214, S Fremont ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary a Frazier

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR White

DATE OF BIRTH March 30 1906
(Month) (Day) (Year)

AGE — years, 6 months, 26 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Frazier

(Address) 214 S. Fremont St

Filed 10/27 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Oct 26 1906

that I last saw her alive on Oct 25 1906,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 DAYS

Contributory Convulsions.

(DURATION) 1 DAYS

(Signed) Wm R Graham M. D.

Oct 27 1906 (Address) 725 Columbia ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western	Oct 29 1906
UNDERTAKER	ADDRESS
Jas B Cook	1003 E 113th St

JOHN C. ANDREWS
PERMIT CLERK

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 Registered No. B 9487

CERTIFICATE OF DEATH.

(Place of Death.) No. 592 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Augusta Berner.

{ Residence, if in Baltimore, Give Street and Number. } 592 W. Preston St.

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 11th 1847

AGE 59 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida. Worch

(Address) 1043 St. N. W. Washington D.C.

Filed 10/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1906

I HEREBY CERTIFY, That I attended deceased from June 2 1906 to Oct 25 1906

that I last saw h alive on Oct 25 1906

and that death occurred, on the date stated above, at 5-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) 5 DAYS

Contributory (Primary.) Hepatic Sclerosis (DURATION) 18 mos DAYS

(Signed) Nathan Herman M.D.

Address 1708 Madison Ave

Date Oct 26 1906

Place of Burial Cremated London Park.

Date Oct. 28th 1906

Undertaker Jos & Chas John W. Sewell

Address S.W. Cor Fayette & Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 94848 Registered No. B 94848

CERTIFICATE OF DEATH.

(Place of Death.) No. Merchant & Miners dock foot of West Falls ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Judith Barleggs

{ Residence, if in Baltimore, Give Street and Number. } 205 Edgar Place

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct 25th 1883

AGE: 21 years, 11 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Barleggs

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Annie Killian

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Deckhand

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Barleggs

(Address) 205 Edgar Place

Filed 10/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 23d 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Oct 19 06 to Oct 23 1906

that I last saw h~~im~~ alive on ~~Dec~~ Oct 23 1906

and that death occurred, on the date stated above, at 5-20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Accidental drowning

(DURATION) DAYS

Contributory (Primary.) accidentally fell

(DURATION) DAYS

(Signed) Benj. S. Hayden, Coroner M.D.

Address 1216 N. Caroline St.

Date Oct. 27 1906

Place of Burial 1st Evangelick Cem

Date Oct 29th 1906

Undertaker H. Lander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94849

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94849

Registered No. B

City of Baltimore, (No. 1011 W Mulberry St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Noel Cathcart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept. (Month) 8 (Day) 1906 (Year)

AGE: XX years, 1 months, 18 days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Emory Cathcart

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Grace Irene Altwater

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Emory Cathcart

(Address) 1011 W. Mulberry St

Filed 10/27 1906

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 14 — 1906 to Oct 26 1906

that I last saw him alive on Oct. 26 1906,

and that death occurred, on the date stated above, at 9.45 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 12 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Dr Eschman M. D.

10/26 1906 (Address) 1505 Edmondson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Oct 28 1906

UNDERTAKER: Geo W Little

ADDRESS: 531 N Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W 94850 Registered No. B 94850 116

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Wilson

{Residence, if in Baltimore, Give Street and Number.} Pennsboro. W. Va.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 17 1900

AGE 6 years, 8 months, 10 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Dr. J. B. Wilson

BIRTHPLACE OF FATHER (State or country) W. Va

MAIDEN NAME OF MOTHER Alice Margaret Sherwood

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. J. B. Wilson

(Address) Pennsboro W. Va.

Filed

190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1906 to Oct. 27 1906 that I last saw h~~im~~ alive on Oct. 27 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia

(DURATION) DAYS

Contributory (Primary) Peritonitis

(DURATION) 2 DAYS

(Signed) Robt. P. Bray M.D.

Address University Hospital

Date Oct. 27 1906

Place of Burial Pennsboro W. Va

Date Oct 27 1906

Undertaker Jas. B. Cook

Address 1003 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...HEALTH DEPARTMENT, City of Baltimore.

94851

Ward D

Registered No. B 94851

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1442 Block St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Ahrendt

{Residence, if in Baltimore, Give Street and Number.} # 1442 Block St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 3rd 1906

AGE: ..... years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto - Md

FULL NAME OF FATHER: Michael Ahrendt.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Agnes Jonowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Ahrendt.

(Address) 1442 Block St

Filed 10/27 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 28 1906 to Oct. 26 1906

that I last saw him alive on Oct. 25 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Oct. 26th, 1906

Place of Burial St Stanislaus -

Date Saturday Oct 27 1906

Undertaker M. J. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 94852

94852

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Augustus F. Sample

{ Residence, if in Baltimore, Give Street and Number. } Manteo N.C.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1872

AGE: 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): N.C.

FULL NAME OF FATHER: Wm Sample

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER: Ellen Davenport

BIRTHPLACE OF MOTHER (State or country): N.C.

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. A. Griffin

(Address) Manteo N.C.

Filed 10/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Oct 26 1906 that I last saw h alive on Oct 26 1906, and that death occurred, on the date stated above, at 9 02 P M.

CAUSE OF DEATH (Secondary or Immediate)

Acute Endocarditis

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Oct 27 1906

Place of Burial: Elizabeth City N.C.

Date Oct 27 1906

Undertaker T. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94853 Registered No. B 94853

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CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name ~~Negro~~ Willie

{ Residence, if in Baltimore, Give Street and Number. } 903 E. North ave.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: B.

DATE OF BIRTH: Jan'y 1864

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Perry Brann

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Wright

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Brann

(Address) 1117 Shea Alley

Filed 10/27 1906 Registrar

MARY C. ANDREWS PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1906 to Oct. 25 1906

that I last saw her alive on Oct. 25 1906

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis following operation.

(DURATION) ..... DAYS

Contributory (Primary) Pelvic Abscess

Uterine Fibroids (DURATION) ..... DAYS

(Signed) W. A. Dorsey. M.D.

Address City Hospital

Date October 26th 1906

Place of Burial ~~Cedar~~ Kent Co. Md. Bettiann

Date Oct 27 1906

Undertaker J. H. Dennis

Address 1332 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

Registered No. B 94854

CERTIFICATE OF DEATH.

29

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza Gibbs

{Residence, if in Baltimore, Give Street and Number.} Harford Co- Md. I

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR B.

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jack Bradford

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Carolin James.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frances Bolden

(Address) Howard Co Md

Filed Oct 28 1906

WM. J. C. DULANY, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 190

I HEREBY CERTIFY, That I attended deceased from Aug 18th 1906 to Oct 27th 1906

that I last saw her alive on Oct 27 1906

and that death occurred, on the date stated above, at 11 30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Tuberculas Peritonitis

(DURATION) DAYS

Con'tributory (Primary.) Fibroids of Uterus

General Anemia (DURATION) DAYS

(Signed) G. A. Dorsey M.D.

Address City Hospital

Date October 27th 1906

Place of Burial Joppa Sta Howard Co Md

Date Oct 28 1906

Undertaker Felix B Pyle

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94855 147

Registered No. B 94855

City of Baltimore, (No. Franklin Square Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob H Stauck

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Georg Stauck

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary E Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Browns

(Address) 1526 N Carey St

Filed 10/28 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Oct 26 1906 that I last saw h alive on Oct 26 1906, and that death occurred, on the date stated above, at 10.30 M. The CAUSE OF DEATH was as follows:

Gangrene of left leg

(DURATION) 1 DAYS

Contributory Embolism of femoral artery (DURATION) DAYS

(Signed) Henry G Bartlam M.D.

Oct 26 1906 (Address) Frankford Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Carrollton Md How long at Place of Death 6 Days

Where was disease contracted, if not at place of death? Carrollton Md

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Harmstead, Lamdl	Oct 28 1906
UNDERTAKER	ADDRESS
Zirkler & Zirkler	1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 V 94856 Registered No. B 94856

134

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julianna Perley

{ Residence, if in Baltimore, Give Street and Number. } 1717 Lancaster St

Duration of Residence in Baltimore. 9. years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: July 20th 1872

AGE: 34 years, 3 months, 7 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Poland.

FULL NAME OF FATHER: Charles Mitoscan

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Perley

(Address) 1717 Lancaster St

Filed 10/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27. 1906

I HEREBY CERTIFY, That I attended deceased from Oct 26 1906 to Oct 27. 1906

that I last saw her alive on Oct 27 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ruptured full term Abdominal Pregnancy.

Haemorhage & Shock

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Oct 27. 1906

Place of Burial St Thomas Cem

Date Oct 29th 1906

Undertaker H. Snyder & Sons

Address 1710 Canton Ave

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

94857

105

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94857

Registered No. B

City of Baltimore, (No. 328, Boston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Segai.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	Oct. 27 1906 (Month) (Day) (Year)
AGE	9 years, months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Joseph Segai.
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Mathilda Zefreustie.
BIRTHPLACE OF MOTHER (State or country)	Europe.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Segai

(Address) 328 Boston St

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1906 to Oct. 27 1906, that I last saw h[illegible] alive on 26 1906, and that death occurred, on the date stated above, at 11 3/4 M. The CAUSE OF DEATH was as follows:

Enteric Colitis

(DURATION) 4 DAYS

Contributory

(DURATION) DAYS

(Signed) Leo J Sliwack M. D.

Oct 27 1906 (Address) 1054 Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Stanislaus.	Oct 28 1906
UNDERTAKER	ADDRESS
M P Sadowski.	703 S. Ann St

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4

94858

Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Minnie L. Weiman

{Residence, if in Baltimore, Give Street and Number.} 2507 Fairmount Ave.

Duration of Residence in Baltimore. 48 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH / / 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew Wiencamp

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) C

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Weiman

(Address) 2507 Fairmount Ave

Filed 10/28 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Oct 26 1906 that I last saw h-r alive on Oct 26 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) DAYS

Contributory (Primary.) Chronic Bright's Disease (DURATION) DAYS

(Signed) G. H. Pflueger M.D.

Address St. Joseph's Hospital

Date Oct 26 1906

Place of Burial St. Alphonsus

Date Oct. 28 1906

Undertaker Frank Brach

Address 1904 Eastland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94859

City of Baltimore, (No. Lillian Fidler St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME 1630 W. Fayette

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 25th 1897 (Month) (Day) (Year)

AGE: 9 years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: J. W. M. Fidler

BIRTHPLACE OF FATHER (State or country): New Found Land

MAIDEN NAME OF MOTHER: Annie O Sapp

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Lookingland

(Address) 1620 W Fayette st

Filed 10/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1906 to Oct 26 1906

that I last saw her alive on Oct 26 1906,

and that death occurred, on the date stated above, at 8.30 A.M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

Two weeks (DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) Alex. T. VonSchulz, M.D. M. D.

Oct 26 1906 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 28th 1906
UNDERTAKER	ADDRESS
James Dignan & Son	757 W. Hamburg

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94860 Registered No. B 94860

CERTIFICATE OF DEATH. 108

(Place of Death.) No. Maryland University Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William G Nelker

{Residence, if in Baltimore, Give Street and Number.} 2039 Penn Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nlee 3 1874

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER J Frederick Nelker

BIRTHPLACE OF FATHER (State or country) Grmany

MAIDEN NAME OF MOTHER Louisa C Fry

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Frederick Nelker

(Address) 501 N Mount St

Filed 10/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 26 1906 to Oct 27 1906

that I last saw h... alive on Oct 27 1906,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Strangulated Hernia (DURATION) DAYS

(Signed) Robt P Bay M.D.

Address Invalid Hospital

Date Oct 27 1906

Place of Burial Bonnie Brae

Date Oct 29 1906

Undertaker Martin Fahey & Son

Address 606 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 94861 Registered No. B 94861

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A. Schmidt

{ Residence, if in Baltimore, Give Street and Number. } Hamilton - Balto. Md.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH Aug 2d 1864

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Geo P. Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Herman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Boiler Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Schmidt

(Address) Hamilton Balto Md

Filed 10/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1906 to Oct. 26 1906

that I last saw him alive on Oct. 26 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 0 DAYS

Contributory (Primary.) Nephritis

Arterio-Sclerosis (DURATION) — DAYS

(Signed) Wm T. Lockwood M.D.

Address S. E. Cor Eager & Eden

Date October 26th 1906

Was Coroner Notified? No

Place of Burial Mt. Carmel Cem. City Hospitals

Date Oct 29th 1906

Undertaker Geo Lehmkuhl & Son

Address 677 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94862

City of Baltimore, (No. 1512 Hanover St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura V. Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 23 (Day) 1873 (Year)

AGE: 33 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Park V. Bailey

BIRTHPLACE OF FATHER (State or country): Richmond Va.

MAIDEN NAME OF MOTHER: California Nunzalley

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. California Bailey

(Address) 1512 Hanover st

Filed 10/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 25. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 28 1906 to Oct 25 1906 that I last saw her alive on Oct. 24 1906, and that death occurred, on the date stated above, at 11-45 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

3 months (DURATION) 24 DAYS

Contributory Emaciation weakness

3 months (DURATION) 28 DAYS

(Signed) Jno C Ridley M. D.

Oct. 27 1906 (Address) 734 N. Leary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill | DATE OF BURIAL: October 28 1906

UNDERTAKER: Jos. Stuntebeck | ADDRESS: 318 Light

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 12 94863 Registered No. B 94863

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 Sycamore Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allen Albert Garrish

{Residence, if in Baltimore, Give Street and Number.} 222 Sycamore Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 24 1906

AGE 4 years, mont's, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Albert Garrish

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Annie Jukes

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED ~~Farmer~~.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Albert Garrish

(Address) 222 Sycamore Ave

Filed 10/28 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Oct 26th 1906 that I last saw him alive on Oct 26th 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septic Absorption (DURATION) 10 DAYS

Contributory (Primary) Enter-Colitis (DURATION) 10 DAYS

(Signed) C.H. Richardson M.D.

Address 901 Third ave

Date Oct 27th 1906

Place of Burial Mt Ray N.

Date Oct 28 1906

Undertaker J.S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94864

City of Baltimore, (No. 519 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Schwartzman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1844 (Month) 1 (Day) (Year)

AGE 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Louis

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Schwartzman

(Address) 219 W Pratt

Filed 10/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1906 to Oct 27 1906 that I last saw h-r alive on Oct 26 1906, and that death occurred, on the date stated above, at 1.20 P. M. The CAUSE OF DEATH was as follows:

General debility from old age

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) H C Wortmann M. D.

Oct 27 1906 (Address) 116 S Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Jewish Cemetery Fairfield Rd | DATE OF BURIAL Oct 28 1906

UNDERTAKER J Ehrens & Co | ADDRESS 764 N Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 0 9486 Registered No. B 9486

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name ~~Mrs. Martha~~ Zellinger

{ Residence, if in Baltimore, Give Street and Number. } Mrs Martha A ~~Zellinger~~ Cumberland

Duration of Residence in Baltimore. 2 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 8th 1854

AGE: 52 years, 7 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Cumberland Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Donahue

(Address) 121 W. Clement St

Filed 10/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1906

I HEREBY CERTIFY, That I attended deceased from October 1906 to October 27 1906 that I last saw h.. alive on October 26 1906, and that death occurred, on the date stated above, at 4.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diabetic coma

(DURATION) DAYS

Contributory (Primary.) Diabetes with nephritis (DURATION) DAYS

(Signed) A. C. Dennis M.D.

Address St. Joseph's Hospital

Date 10/27/06 1906

Place of Burial New Cathedral Cem

Date Oct 29th 1906

Undertaker E. Schlosman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 94866 — Registered No. B 94866 — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210. E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Zelda Weiner

{Residence, if in Baltimore, Give Street and Number.} 1210 E Baltimore st

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Male~~ Female — COLOR: White

DATE OF BIRTH: 1

AGE: 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: abram Weiner

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bertie Hyman

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Hyman

(Address) 1210 E. Baltimore

Filed 10/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 28 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to 190

that I last saw her alive on Oct 14 1906,

and that death occurred, on the date stated above, at 3 a. M. CAUSE OF DEATH (Secondary or Immediate)

general Debility

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1119. E. Balto st

Date Oct 28 1906

Place of Burial Philips Rd Road Dale

Date Oct 28 1906

Undertaker Mat Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94867 Registered No. B 94867

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 2322 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno M. Tate

{ Residence, if in Baltimore, Give Street and Number. } 2322 Etting

Duration of Residence in Baltimore. ~~2322 Etting~~ Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH April 1851

AGE 55 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Tate.

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Sibella Lucas

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabella Tate

(Address) 2322 Etting st

Filed 10/25 1906

JOHN D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 25 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 25 1906 that I last saw him alive on Oct 25 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy (DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 N. Amity

Date Oct 26 1906

Place of Burial Mt. Zion

Date Oct. 28 1906

Undertaker Wm J. Johnson

Address 614 Baker st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 94868 Registered No. B 94868

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 827 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Boyer.

{Residence, if in Baltimore, Give Street and Number.} 827 Woodyear st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH —— 1868

AGE 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John Boyer

BIRTHPLACE OF FATHER (State or country) Va. "

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Md "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Boyer

(Address) 2. Gough st.

Filed 10/28 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1906 to Oct 26th 1906

that I last saw h alive on Oct 26th 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 5 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Leuf M.D.

Address 1313 E. North ave

Date Oct 27th 1906

Place of Burial Mt. Auburn

Date Oct. 29 1906

Undertaker Wm J. Johnson

Address 614 Baker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 94869 Registered No. B 94869 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 Division St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Edward Short

{Residence, if in Baltimore, Give Street and Number.} 1414 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct 24 1906

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Short

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mazie Johnson

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mazie Johnson

(Address) 1414 Division St

Filed 10/28/1906 S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Oct 27 1906

that I last saw him alive on Oct 26 1906

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 1 DAYS

Contributory (Primary.) Icterus Neonati (DURATION) 3 DAYS

(Signed) John Struck M.D.

Address 647 W Lafayette Ave

Date Oct 27 1906

Place of Burial Laurel Cemetery

Date Oct 28. 1906

Undertaker R. S. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94870 Registered No. B 94870

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T. Dyson

{ Residence, if in Baltimore, Give Street and Number. } Ellicott City

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: May 25, 1853	
AGE: 53 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Jacob. Dyson.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Mary C. Mannis.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Dyson

(Address) Ellicott City Md.

Filed 10/28/ 1906 Registrar

S.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Oct 27 1906

that I last saw him alive on Oct 27 1906,

and that death occurred, on the date stated above, at [illegible]

P. M. CAUSE OF DEATH (Secondary or Immediate)

Bilateral Broncho-Pneumonia.

(DURATION) 14 DAYS

Contributory (Primary) Heart Failure

& Hypostasis (DURATION) 3 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp.

Date Oct 28 1906

Place of Burial Ellicott City Family cemetery

Date Octo 29th 1906

Undertaker Wm. A. Easton & Sons

Address Ellicott City Howard Co.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 94871 — Registered No. B 94871 105

94871

CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 Hanbert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Clark

{Residence, if in Baltimore, Give Street and Number.} 1043 Hanbert St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH June 2nd 1906

AGE ..... years, 4 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Patrick Clark.

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine Radchurch

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Clark

(Address) 1043 Hanbert St

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1906 to Oct 28th 1906

that I last saw h[er] alive on Oct 27th 1906.

and that death occurred, on the date stated above, at 7.40 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Gastro Enteritis

(DURATION) 2 weeks DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Oct 28th 06 M.D.

Address J. O'Donnell

Date 1340 Schroeder 1906

Place of Burial, Holy Cross Cem

Date Oct 29. 1906

Undertaker R. and M. J. Flynn

Address 42 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94872

City of Baltimore, (No. 15 E. Williamson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Virginia Louise Zollickoffer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 27th (Day) 1906. (Year)

AGE: — years, — months, my Infant days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Dell Zollickoffer.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Virginia Louise Milroy

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Dell Zollickoffer.

(Address) 15 E Williamson.

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 28th (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1906 to Oct 28th 1906.

that I last saw her alive on Oct 28th 1906; and that death occurred, on the date stated above, at 3.15 P. M. The CAUSE OF DEATH was as follows:

Collapse.

(DURATION) DAYS

Contributory Pulmonary Hemorrhage

(DURATION) DAYS

(Signed) Henry Haedrich M. D.

1906 (Address) 923 Leadenhall

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem | DATE OF BURIAL: Oct 29. 1906

UNDERTAKER: Dan'l M. E. Flynn | ADDRESS: 42 E. Fort Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 94873 — Registered No. B 94873

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 S. Broadway — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Peterson

{Residence, if in Baltimore, Give Street and Number.} 817 S. Broadway

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Oct 26th 1906

AGE: ..... years, ... months, 23 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Emil Peterson

BIRTHPLACE OF FATHER (State or country): Norway

MAIDEN NAME OF MOTHER: Christina Murphy

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Emil Peterson

(Address) 817 S. Broadway

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 27th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 26th 1906 to Oct 27th 1906

that I last saw her alive on Oct 27th 1906, and that death occurred, on the date stated above, at 6:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis - Exhaustion

(DURATION) DAYS

Contributory (Primary) Congenital Malformed Heart - (DURATION) DAYS

(Signed) Herman Greene M.D.

Address 1937 Canton Ave.

Date Oct 28th 1906

Place of Burial Trinity Cemetery

Date Oct 29th 1906

Undertaker H. SAUER & SONS.

Address 1708-1710 Canton Avenue S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 94874 — Registered No. B 17

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 N. Eutaw St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Thomas

{Residence, if in Baltimore, Give Street and Number.} 927 N. Eutaw St

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April 1874

AGE: 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Albert Crawley

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Caroline Rice

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clarence Thomas

(Address) 927 N. Eutaw st.

Filed 10/29 1906 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 26th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1906 to Oct 26 1906

that I last saw h[er] alive on Oct 25 1906,

and that death occurred, on the date stated above, at 11

CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

& Asthmia.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) John T. McCully M.D.

Address 656 W Franklin St

Date Oct 26th 1906

Place of Burial Laurel Cemetery

Date Oct 29 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry st

PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94875

City of Baltimore, (No. 1133 Lisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Mauck Guier

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Dec. 17/1872 (Month) (Day) 1 (Year)

AGE 33 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Lewisberg Pa.

FULL NAME OF FATHER George F Guier

BIRTHPLACE OF FATHER (State or country) New Berlin Pa.

MAIDEN NAME OF MOTHER Mary Mauck

BIRTHPLACE OF MOTHER (State or country) New Berlin Pa.

OCCUPATION OF DECEASED Dentist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. Frank Guier

(Address) 1928 E. Lafayette Ave

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27/06 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1st 1906 to Oct 27/06 1906

that I last saw him alive on Oct 27/06 1906

and that death occurred, on the date stated above, at 11 50 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis.

(DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) DAYS

(Signed) Albert L. Levy M. D.

1906 (Address) 1133 Lisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park Cemetery

DATE OF BURIAL Oct 30th 1906

UNDERTAKER George Schilling & Sons

ADDRESS 1126 E Monument

WM. J. C. DULANY CO., BALTIMORE

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94876

City of Baltimore, (No. 966, Calverton Rd St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida. M. Garlack

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct (Month) 13th (Day) 1856 (Year)

AGE: 50 years, 0 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Aaron Tucker

BIRTHPLACE OF FATHER (State or country): Carroll Co. Md

MAIDEN NAME OF MOTHER: Martha Parks

BIRTHPLACE OF MOTHER (State or country): Eastern Shore Kent Co

OCCUPATION OF DECEASED: At Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary C Tucker

(Address) Harrsfden 908 Baltimore

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1906 to Oct 25 1906 that I last saw her alive on Oct 25 1906, and that death occurred, on the date stated above, at 11:30 a. m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage (Apoplexy) (DURATION) 13 DAYS

Contributory Heart Failure (DURATION) DAYS

(Signed) D. A. D. Wall M. D.

10/26 1906 (Address) 609 Harrsfden

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Oct 29 1906

UNDERTAKER: Jos L Cook | ADDRESS: 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94877

City of Baltimore, (No. 1815, Ramsey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Stella Margaret Smith.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: White

DATE OF BIRTH: October (Month) 27 (Day) 1906 (Year)

AGE: 1 years, months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Arthur F. Smith.

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Elsie Tressie

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elsie Smith.

(Address) 1815 Ramsey St

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 8 1906 to Oct 28 1906 that I last saw h er alive on Oct 26 1906, and that death occurred, on the date stated above, at 12.15 A. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 18 hours DAYS

Contributory Hemorrhagic Purpura

(DURATION) 20 DAYS

(Signed) M. A. O'Neill M. D.

Oct 28 1906 (Address) 1315 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem | DATE OF BURIAL: Oct 30 1906

UNDERTAKER: J. & J. B. Cook | ADDRESS: 1032 W. Balto.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 0 94878 Registered No. B 94878

CERTIFICATE OF DEATH.

(Place of Death.) No. 2624 E. Baeto St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Else Marie Jurgensen

{ Residence, if in Baltimore, Give Street and Number. } 2624 E. Baeti St

Duration of Residence in Baltimore. 26 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH January 6th 1859

AGE 47 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Hesse Damstadt

FULL NAME OF FATHER Carl Herrmann

BIRTHPLACE OF FATHER (State or country) Hesse Damstadt

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Family

(Address) 2624 E. Baltimore St.

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 26 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1 1906 to Oct 26 1906 that I last saw her alive on Oct 26 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Ino L Ramsey M.D.

Address 2229 E Baeti St

Date Oct 27 1906

Place of Burial London Park Cemetery

Date October 29th 1906

Undertaker Evans & Spence

Address 111 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94879

City of Baltimore, (No. 2224 Mura St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian Howe

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 29 (Day) 1906 (Year)

AGE: + years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John W. House

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Georgiana Murphy

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. House

(Address) 2224 Mura St.

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Oct 28 1906

that I last saw h[illegible] alive on Oct 27 1906,

and that death occurred, on the date stated above, at 445 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 3 DAYS

Contributory Malaria

(DURATION) DAYS

(Signed) [illegible]

M. D.

Oct 28 1906 (Address) 2250 E Hoffman

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem. | DATE OF BURIAL: Oct 30th 06

UNDERTAKER: Evans & Spence | ADDRESS: 118 1/2 North Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 94880

94880

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Charles Chatterton

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 32 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.

(Informant) .....

(Address) BAY VIEW ASYLUM.

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Oct 26 1906

that I last saw h in alive on Oct 26 1906

and that death occurred, on the date stated above, at 1 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Walter D Stone M.D.

Address Bay View Asylum.

Date Oct 26 1906

Place of Burial .....

Date Oct 27 th 1906

Undertaker William H Woodcock

Address 1811 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore: Ward, Registered No. B 94880, Certificate of Death, (Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number), Full Name Charles Chatterton, {Residence, if in Baltimore, Give Street and Number.}, Duration of Residence in Baltimore., PERSONAL AND STATISTICAL PARTICULARS, SEX Male, COLOR white, DATE OF BIRTH 1, AGE 32 years, months, days, SINGLE, MARRIED, WIDOWED, OR DIVORCED, BIRTHPLACE (State or country), FULL NAME OF FATHER, BIRTHPLACE OF FATHER (State or country), MAIDEN NAME OF MOTHER, BIRTHPLACE OF MOTHER (State or country), OCCUPATION OF DECEASED Laborer., THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt., (Informant), (Address) BAY VIEW ASYLUM., Filed 10/29 1906 Registrar, MEDICAL CERTIFICATE OF DEATH, DATE OF DEATH Oct. 26 1906, I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Oct 26 1906, that I last saw h in alive on Oct 26 1906, and that death occurred, on the date stated above, at 1 30 A. M. CAUSE OF DEATH (Secondary or Immediate) Pulmonary Tuberculosis., (DURATION) DAYS, Contributory (Primary.) Exhaustion, (DURATION) DAYS, (Signed) Walter D Stone M.D., Address Bay View Asylum., Date Oct 26 1906, Place of Burial, Date Oct 27 th 1906, Undertaker William H Woodcock, Address 1811 Aiken St, WM. J. C. DULANY CO., BALTIMORE., 264, SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eighteen hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94881 Registered No. B 8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ida. Warner

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. 10 months

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX female / COLOR black	DATE OF DEATH Oct 25 1906
DATE OF BIRTH Aug 1903 ?	I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Oct 25 1906
AGE 3 years, 2 months, days	that I last saw her alive on Oct 25 1906,
SINGLE, MARRIED, WIDOWED, OR DIVORCED —	and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate) Whooping Cough
BIRTHPLACE (State or country) Maryland	
FULL NAME OF FATHER ?	
BIRTHPLACE OF FATHER (State or country) ?	(DURATION) 7 DAYS
MAIDEN NAME OF MOTHER ?	Contributory (Primary.) Convulsions
BIRTHPLACE OF MOTHER (State or country) ?	(DURATION) DAYS
OCCUPATION OF DECEASED —	(Signed) John Ruhrah M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 329 N Eutaw St
(Informant)	Date Oct 25 1906
(Address)	Place of Burial COLLEGE OF P. & S
Filed 10/29 1906 Registrar	Date OCT 27 1906 190
	Undertaker
	Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward V 94882 Registered No. B 94882

CERTIFICATE OF DEATH.

(Place of Death.) No. 643 S. Paca St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Dell

{ Residence, if in Baltimore, Give Street and Number. } 643 S. Paca St

Duration of Residence in Baltimore. 3-2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 2 1824

AGE: 81 years, 10 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Bavaria

FULL NAME OF FATHER: Julian Dell

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Sophia Siemen

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Griesman

(Address) 643 S Paca St

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28 th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Oct 28 1906

that I last saw him alive on Oct 25 1906,

and that death occurred, on the date stated above, at 2.17 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) ~~DAYS~~

Contributory (Primary.) 3 or 4 mos.

(DURATION) ~~DAYS~~

(Signed) Geo. T. Smith M.D.

Address 528 Hanover St

Date Oct 29 1906.

Place of Burial Cedar Hill Cem

Date Oct 30 1906

Undertaker Jos. Svendsen, Son

Address 217 S. Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94383 — Registered No. B 94383

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1204 Bayard St. If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert R. Parker

{Residence, if in Baltimore, Give Street and Number.} 1204 Bayard st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 27 1905

AGE: — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: H. W. Parker

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Ida L. Sadler

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Miller

(Address) 1204 Bayard St.

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 26th 1906

I HEREBY CERTIFY, That I attended deceased from Oct Sept 8th 1906 to Oct 26th 1906

that I last saw him alive on Oct 26th 1906,

and that death occurred, on the date stated above, at 9:10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 48 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 N. Lombard St.

Date Oct 27th 1906

Place of Burial London Park Cem

Date Oct 29 1906

Undertaker Jas. Sanders, Son & Co

Address 217 S. Pace St

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 94881 Registered No. B 94881

CERTIFICATE OF DEATH.

(Place of Death.) No (1720) Aliceanna St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jerome Smith

{ Residence, if in Baltimore, Give Street and Number. } 1720 Aliceanna St

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH

AGE 1 year 10 weeks

..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Martin Smith

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Stanislawa Bylska

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Smith

(Address) 1720 Aliceanna St

Filed 10/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h[illegible] alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thos Ludlow Comer M.D.

Address 320 N Green St

Date Oct 28 1906

Place of Burial Holy Rosary

Date October 29 1906

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B

CERTIFICATE OF DEATH. 94885

(Place of Death.) No. 1201 St. James St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie Stewart

{Residence, if in Baltimore, Give Street and Number.} 1201 St. James st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Emanuel Hackette

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Julia A Taylor

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Thompson

(Address) 1201 St James st

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 — 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 24 — 1906 to Oct. 27 — 1906

that I last saw her alive on Oct. 26 - 1906,

and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

9 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline st

Date October 27 — 1906

Place of Burial Laurel

Date Oct 29 1906

Undertaker R. A. Elliott

Address 501 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 35 94886 Registered No. B 94886

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010. E. Lexington. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Richard H Lovday.

{Residence, if in Baltimore, Give Street and Number.} 1010. E. Lexington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH April 7th 1860

AGE 46 years, 6 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Henry. Lovday.

BIRTHPLACE OF FATHER (State or country) Dont. Know.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Berry

(Address) 188 Chestnut St.

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1906

I HEREBY CERTIFY, That I attended deceased from August 1 1906 to Oct 27 1906 that I last saw him alive on Oct. 26 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate

Bronchitis Complicated with Asthma

2 months (DURATION) DAYS

Contributory (Primary.) Bronchial Asthma 2 months (DURATION) DAYS

(Signed) J. E. Hand M.D.

Address 202 Ridgewood St

Date October 27 1906

Place of Burial Asbury Cemetery

Date Oct 30. 1906

Undertaker R. A. McElliott

Address 506 Pierpoint Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — Registered No. B 94887

CERTIFICATE OF DEATH.

(Place of Death.) No. 2113 E North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathilda Kupferschmidt

{Residence, if in Baltimore, Give Street and Number.} 2113 E. North Ave.

Duration of Residence in Baltimore. 14 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 6 ~~d~~ 1870

AGE: 36 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Antwerp Belgium Europe.

FULL NAME OF FATHER: Hubert Peters

BIRTHPLACE OF FATHER (State or country): Antwerp Belgium

MAIDEN NAME OF MOTHER: Unknown.

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Kupferschmidt

(Address) 2113 E North Ave.

Filed 10/29 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 27 ~~d~~ 1906.

I HEREBY CERTIFY, That I attended deceased from 24 October 1906 to 27 Oct. 1906

that I last saw her alive on 26 Oct. 1906,

and that death occurred, on the date stated above, at 4.45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Thrombus of Brain

died in 10 minutes. Heard last 10 minutes ago Thrombus of leg. Inoperable Cancer of uterus Bladder rectum (DURATION) ~~Years~~ DAYS

Contributory (Primary.) Carcinoma of uterus and adnexa. one years (DURATION) ~~Years~~ DAYS

(Signed) W. C. Sandrock M.D.

Address 1242 N. Broadway

Date October 29. 1906

Place of Burial Baltimore Cemetery

Date Oct. 30 ~~d~~ 1906

Undertaker Jas & Jos John H. Deutsch

Address W. cor Fayette & Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

94888 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 Little Greene St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albanny Dobson

{Residence, if in Baltimore, Give Street and Number,} 509 Little Greene St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 52 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Dobson

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Mary Stamford

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellen Dobson

(Address) 509 Little Green st

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Oct. 28 1906 that I last saw him alive on Oct 14 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

8 to 9 mos (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Nuckols M.D.

Address 507 S. Paca St

Date Oct 29 1906

Place of Burial Laurel Md

Date Oct. 30th 1906

Undertaker C. L. Brownsberger

Address 104 or W. Montgomery st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94889 — Registered No. B 94889

CERTIFICATE OF DEATH.

(Place of Death.) No. 1251 Carrol st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Son of Arthur & Amelia Wooden

{Residence, if in Baltimore, Give Street and Number.} 1251 Carrol st

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 27 1906

AGE: ...years, ...months, 1 hour ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Arthur Wooden

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Amelia Lind

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Wooden

(Address) 1257 Carrol st

Filed 10/29 1906

HENRY O. HARRIS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Oct 27 1906 that I last saw her alive on Oct 27 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. Duhamel M.D.

Address 517 Lemmon.

Date Oct 28 1906

Place of Burial London Park Cem

Date October 29 1906

Undertaker Wm. J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 9489 — 9489 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1001 N. Arlington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma S. Eubank

{Residence, if in Baltimore, Give Street and Number.} 1001 N. Arlington ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 7 1827

AGE: 79 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: O. H. Cox

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary Harris

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. H. Cox Jr

(Address) 1001 Arlington ave

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 29 1906 that I last saw her alive on Oct 29 1906, and that death occurred, on the date stated above, at 10.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Page Edmunds M.D.

Address 630 N. Gilmor St.

Date Oct 29 1906

Place of Burial Kilmarnock, Va

Date October 29 1906

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94891 — Registered No. B 94891

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Poultney St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret R. Pfister

{ Residence, if in Baltimore, Give Street and Number. } 15 Poultney St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH November 17 1903

AGE 2 years, 11 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Joseph M. Pfister

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Annie Cassilly

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. M. Pfister Father

(Address) 15 Poultney St

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Oct 27 1906 that I last saw h[illegible] alive on Oct 27 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 10 DAYS

Contributory (Primary) Eclampsia

(DURATION) 2 DAYS

(Signed) Thos. Reinhardt M.D.

Address 1017 E. Chase St

Date October 29 1906

Place of Burial Holy Cross. Brooklyn

Date Oct 30th 1906

Undertaker F. A. Kranse & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94892

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 409 Bath St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Garofola

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: — (Month) — (Day) 1872 (Year)

AGE: 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Joseph Garofolo

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: don't know

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavio De Matteo

(Address) 207 S. Wolfe St.

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Oct 27 1906 that I last saw him alive on Oct 27 1906, and that death occurred, on the date stated above, at 8 30 P.M. The CAUSE OF DEATH was as follows:

Mediastinal Tumor

(DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) W. Valentine M. D.

Oct 28 1906 (Address) 827 Fairmount Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Vincents Cemetery	Oct 30 1906
UNDERTAKER	ADDRESS
Germanus Frame	Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 94893 Registered No. B 94893

CERTIFICATE OF DEATH.

44

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Payne

{ Residence, if in Baltimore, Give Street and Number. } 911 Linden Ave.

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) M. C.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. A. B. Leeson

(Address) 109 W. Hill st

Filed 10/29 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28, 1906

I HEREBY CERTIFY, That I attended deceased from Aug 31 1906 to Oct 28 1906 that I last saw h.... alive on Oct 28 1906, and that death occurred, on the date stated above, at 9-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sarcoma of neck & face.

5 months (DURATION) — DAYS

Contributory (Primary.) Strangulation

(DURATION) 1 DAYS

(Signed) C. O. Langley, M.D.

Address Md Gen Hosp.

Date Oct 28, 1906

Place of Burial St Peter's Cemetery

Date Oct 31 1906

Undertaker Felix B. Page

Address 102 E Mulberry st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH. 94894

Registered No. B.....

City of Baltimore, (No. 15 Penn — St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jannie Fisher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Jermia Fisher

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Louisa Brown

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Fisher

(Address) 15 Penn St

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1906 to Oct 28th 1906

that I last saw h er alive on Oct 28th 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 7 DAYS

Contributory Heart Failure

(DURATION) ..... DAYS

(Signed) Samuel A. T. Bain M. D.

Oct 28th 1906 (Address) 619 W. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: Oct 31 1906

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 94895

City of Baltimore, (No. 706, George St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Eva Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Aug 28 1906 (Month) (Day) (Year)

AGE: ... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Payne

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Julia Myers

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Payne

(Address) 706 George St.

Filed 10/29 1906

HARRY D. ARNOLD
REGISTRAR OF VITAL STATISTICS
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Oct 28 1906

that I last saw h[illegible] alive on Oct 28 1906,

and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Acute Enteritis

(DURATION) ... DAYS

Contributory Congenital Debility

(DURATION) ... DAYS

(Signed) Jno G. Thistle M.D. M. D.

Oct 29 1906 (Address) 206 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 30th 1906

UNDERTAKER: Edw R Pye

ADDRESS: 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

94896

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94896

City of Baltimore, (No. 48 E. Cross St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chestener M. Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: female
COLOR: white
DATE OF BIRTH: 12 (Month) — 10 (Day) — 1833 (Year)
AGE: 73 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow
BIRTHPLACE (State or country): Balto Co Maryland
FULL NAME OF FATHER: Philemon Merryman
BIRTHPLACE OF FATHER (State or country): Balto Co Maryland
MAIDEN NAME OF MOTHER: Chestener Merryman
BIRTHPLACE OF MOTHER (State or country): Balto Co Maryland
OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel M. Cooper
(Address) 48 E. Cross St

Filed 10/29 1906

HARRY O. ARDMAN, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 4 1906 to Oct 29 1906 that I last saw h er alive on Oct 25 1906, and that death occurred, on the date stated above, at 9.30 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage due to Apoplexy

(DURATION) 20 DAYS

Contributory

(DURATION) DAYS

(Signed) Albert F. Cooney M. D.
Oct 29 1906 (Address) 1533 John St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cemetery
DATE OF BURIAL: Oct 31 1906
UNDERTAKER: John J Fahey
ADDRESS: 1232 William

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 94897 Registered No. B 94897

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Mildred Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W.

DATE OF BIRTH Oct. 11 1906

AGE ..... years, ... months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) Sr. V. I. Asy.

Filed 10/29 1906 BARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1906 to Oct 26th 1906 that I last saw h alive on Oct 26th 1906, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) DAYS

Contributory (Primary.) Marasmus

..... (DURATION) DAYS

(Signed) J K Bellegan M.D.

Address 1529 Park Ave

Date Oct 28th 1906

Place of Burial New Cathedral

Date Oct. 29th 1906

Undertaker Martin Fahey & Son

Address 66 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94898 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Neville

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infts. Asys.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Aug. 26 1906

AGE ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11st 1906 to Oct 27 1906 that I last saw h-- alive on Oct 27 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. H. McGregor M.D.

Address 1529 Park Ave

Date Oct 28th 1906

Place of Burial New Cathedral

Date Oct. 29th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14th 94899 Registered No. B 94899 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Dutchent

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Oct. 14th 1906

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 10/29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1906 to Oct 27 1906

that I last saw h- in alive on Oct 27 1906,

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Marasmus

..... (DURATION) ..... DAYS

(Signed) J. K. B. Keegan M.D.

Address 1529 Park Ave

Date Oct 28th 1906

Place of Burial New Cathedral

Date Oct. 29th 1906

Undertaker Martin Fahey & Sons

Address .....

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94900 — Registered No. B 94900

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 1950 E Lombard st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Magdalene Bellebue

{Residence, if in Baltimore, Give Street and Number.} 1950 E Lombard st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 10 (1855)

AGE: 51 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Conrad Yost

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Bellebue

(Address) 1950 E Lombard st.

Filed 10/29 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29 1906

I HEREBY CERTIFY, That I attended deceased from Apr 9 - 1905 to Oct 28 1906

that I last saw her alive on Oct 25 1906

and that death occurred, on the date stated above, at 8.2 A.M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

1 Year (DURATION) 19 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Orville Yeungman M.D.

Address 1506 E Pratt st

Date 190

Place of Burial Baltimore Cemetary

Date Nov 1 190 6

Undertaker Louis Hermann

Address 6 S Caroline

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 94901 — Registered No. B 6

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bessie Holmes

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: Aug. 14 1903

AGE: 3 years, 2 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McGlannan

(Address) 2005 Madison Ave.

Filed Oct 30th 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 29 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to Oct. 29 1906

that I last saw h[er] alive on Oct 29 1906,

and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate)

Whooping Cough

(DURATION) 21 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Oct. 29 1906

Place of Burial Cathedral Cemetery

Date Oct 30th 1906

Undertaker Felix B. Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94902

Registered No. B.....

City of Baltimore, (No. 822, Stockholm St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Indian Maine

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: July (Month) 11 (Day) 1906 (Year)

AGE: 1 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Reed

BIRTHPLACE OF FATHER (State or country): Eng

MAIDEN NAME OF MOTHER: Etta Marine

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Etta Marine

(Address) 821 Stockholm St

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Oct 28 1906

that I last saw him alive on Oct 28 1906,

and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Marasmus.

.....(DURATION).....DAYS

Contributory .....

.....(DURATION).....DAYS

(Signed) J. F. Lynch M. D.

Oct 29 1906 (Address) 623 Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Oct 30 1906
UNDERTAKER	ADDRESS
Ernest Toadvine	206 Whitehall

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 1 — 94903 — Registered No. B 94903

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CERTIFICATE OF DEATH.

(Place of Death.) No. 607 Jasper — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Henson

{Residence, if in Baltimore, Give Street and Number.} 607 Jasper Street

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: — 1	
AGE: 67 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Robert Henson	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: unknown	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Waiter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nannie Henson

(Address) 607 Jasper St

Filed 10/30 1906

BAILEY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 28 — 1906

I HEREBY CERTIFY, That I attended deceased from Sep. 27 1906 to Oct 28 1906

that I last saw h[illegible] alive on Oct 28 1906

and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

General Anasarca (DURATION) — DAYS

Contributory (Primary.) Old age

(DURATION) — DAYS

(Signed) Edward J. Wheatley M.D.

Address 1236 D. Hill Ave

Date Oct. 29 — 1906

Place of Burial Mt Auburn

Date Oct 31 1906

Undertaker W. H. Edwards

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94904

City of Baltimore, (No. 919, N Howard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George H Gardiner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Gardiner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Harriet Wilson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Lee

(Address) 919 N Howard St

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1906 to Oct 27 1906

that I last saw him alive on Oct 26, 1906,

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 7 DAYS

Contributory Convulsions

Uraemic Poisoning (DURATION) 4 DAYS

(Signed) C R Dolan M. D.

10 27 1906 (Address) 923 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Chestertown Md | DATE OF BURIAL: Oct 31 1906

UNDERTAKER: M J Elliott | ADDRESS: 576 Hayes

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94905

City of Baltimore, (No. 310, S. High St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Winneker

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 4 mos years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Louis Winneker

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Annie Winneker

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Winneker

(Address) 310 S High st

Filed 10/30 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 10 (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 10/29 1906 to 10/29 1906

that I last saw h alive on 10/29 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

Two weeks (DURATION) DAYS

Contributory Cardiac Asthenia

(DURATION) DAYS

(Signed) B. C. Katzoff M. D.

10/29 1906 (Address) 114 Lexington St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ——

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Woodlawn	Oct 30 1906
UNDERTAKER	ADDRESS
Mox Levinson	1136 Lanvale st

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 94906 — Registered No. B 94906

CERTIFICATE OF DEATH.

(Place of Death.) No. 2114 Maryanna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Elizabeth Conrad

{Residence, if in Baltimore, Give Street and Number.} 2114 Maryanna

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 25 1854

AGE: 52 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Conrad.

(Address) 2114 Maryanna St.

Filed 10/30 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 27 1906

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Oct 27 1906 that I last saw her alive on Oct 27 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

2 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) James Bosley M.D.

Address 1701 Hollins st

Date Oct 28 th 1906

Place of Burial Western Cemetery

Date Tuesday Oct-30 = 1906

Undertaker Mrs Geo P. Paulus.

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 94907 Registered No. B 94907

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah A Kraft

{ Residence, if in Baltimore, Give Street and Number. } 516 E Fort ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 17 1861

AGE 45 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER John F Hoffman

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Elizabeth R Robinson

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P Kraft

(Address) 516 E Fort ave

Filed 10/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 1906

I HEREBY CERTIFY, That I attended deceased from 10/9 1906 to 10/27 1906

that I last saw her alive on 10/27 1906

and that death occurred, on the date stated above, at 6/0 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

24 Years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Lenthalston M.D.

Address 520 E Fort Ave

Date 10/28 1906

Place of Burial Cedar Hill

Date Oct. 30th 1906

Undertaker E E Harley

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward K 94908 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 789 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Leonard Schmidt

{Residence, if in Baltimore, Give Street and Number.} 789 W. Saratoga St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 15th 1880

AGE: 25 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Christian Fredk Schmidt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Frederika Decker

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Fred. Schmidt

(Address) 789 W. Saratoga St

Filed 10/30 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 28th 1906 to Oct. 28th 1906

that I last saw him alive on Oct 28th 1906

and that death occurred, on the date stated above, at 11.40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption (Pulmonary)

Six months. (DURATION) — DAYS

Contributory (Primary.) Nothing definite

(DURATION) DAYS

(Signed) John Sch M.D.

Address 701 Monroe Ave

Date Oct. 29-1 1906

Place of Burial Woodlawn Cemetery

Date Nov 1 1906

Undertaker J. B. Cook

Address 1013 W. Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94969

City of Baltimore, (No. 7116 & 118 W. Saratoga St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
St Rutgers Hospital

FULL NAME Elizabeth Thomas Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) ..... (Day) 1880 (Year)

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Chestertown Md

FULL NAME OF FATHER: C C Brown

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie Ruth

BIRTHPLACE OF MOTHER (State or country): Md -

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Ruth

(Address) 1807 St. Paul St.

Filed 10/30/1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 25th 1906 to Oct. 30 1906 that I last saw her alive on Oct. 30th 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Acute Appendicitis.

(DURATION) 10 DAYS

Contributory Suppression of Urine Uremic Amaurosis and Convulsions (DURATION) 24 Hours

(Signed) E. J. Cole, M. D.

Oct 30 1906 (Address) 1534 Mt Royal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1807 St Paul St. How long at Place of Death? 3 Days

Where was disease contracted, if not at place of death? 1807 St Paul St

PLACE OF BURIAL OR REMOVAL: Chestertown Md

DATE OF BURIAL: Oct 30 1906

UNDERTAKER: E. H. Mitchell

ADDRESS: 120 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 9490 Registered No. B

CERTIFICATE OF DEATH. 9490

(Place of Death.) No. 1148 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Della Carlotta Myles

{ Residence, if in Baltimore, Give Street and Number. } 1148 N. Carey st

Duration of Residence in Baltimore. 32 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Mar 28th 1869

AGE: 37 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Monshell Gruber

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Margaret E. Gruber

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter H. Myles

(Address) 1148 N. Carey st

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 29th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1904 to Oct. 29th, 1906 that I last saw her alive on Oct. 28th, 1906, and that death occurred, on the date stated above, at 8 45 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Intestine and Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary and Intestinal Tuberculosis (DURATION) 2 Years

(Signed) Wm. E. Miller M.D.

Address 2259 Penna Ave

Date Oct 30 1906

Place of Burial London Park

Date Oct 31st 1906

Undertaker Geo Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 19 Registered No. B 94911

94911

CERTIFICATE OF DEATH.

(Place of Death.) No. 2545 Woodbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Vinton Foster

{Residence, if in Baltimore, Give Street and Number.} Rear of 1911 Patterson ave

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Sept 6 1853

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm P. Foster

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mary Freeland

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Foster

(Address) 1147 N. Stricker

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 12 15 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Probably Organic

..... (DURATION) DAYS

Contributory (Primary.)

..... (DURATION) DAYS

(Signed) Charles Smithmeyer M.D. Coroner

Address 1818 N. Charles

Date Oct 30 1906

Place of Burial Loudon Park

Date Oct 31st 1906

Undertaker Geo Weber

Address 1155 N. Carey

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94912

Registered No. B.....

City of Baltimore, (No. 1429, Bolton St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. T. Webb

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. (Month) 10th (Day) 1864 (Year)

AGE 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John H. Wilmer

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Sallie H. Nicholson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie H. Nicholson

(Address) 1429 Bolton St.

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1905 to Oct 28th 1906 that I last saw h-r alive on Oct 28 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

several years (DURATION) DAYS

Contributory Pulmonary Hemorrhage

(DURATION) DAYS

(Signed) J. K. B. Seegar M. D.

Oct 30 1906 (Address) 1529 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Centreville Md. | DATE OF BURIAL Oct. 31 1906

UNDERTAKER E. M. Mitchell | ADDRESS 120 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 94913

94913

CERTIFICATE OF DEATH.

66

(Place of Death.) No. ~~176 Danville Alley~~ Hopkins Square Hos. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Gambrill

{ Residence, if in Baltimore, Give Street and Number. } 1116 N. Dannis, Alley.

Duration of Residence in Baltimore. Forty — years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Hanover Howard Co.

FULL NAME OF FATHER: Peter Gambrill

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Louisa Gambrill

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary M. Elders

(Address) 3644 Market St - Phila Pa

Filed 10/30 1906 HARRY O. J. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 27 Th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Oct 27 Th 1906 that I last saw him alive on Oct 27 1906, and that death occurred, on the date stated above, at 10-1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia,

Two - days, (DURATION) 2 DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) 3 — DAYS

(Signed) J. Allison Hall M.D.

Address 1929, Penna Ave

Date Oct 28 Th 1906

Place of Burial Hanover Christ Church Harford Co Md

Date Oct 31 06 1906

Undertaker Sam'l H. Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 94914 167

CERTIFICATE OF DEATH.

(Place of Death.) No. Home of a Chio Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Parthenia Watkins

{ Residence, if in Baltimore, Give Street and Number. } 924 Watkins St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: June 2nd 1904

AGE: 2 years, 4 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robt. E. Watkins

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sarah Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt E. Watkins.

(Address) 924 Watkins St.

Filed 10/30 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29th, 1906

I HEREBY CERTIFY, That I attended deceased from ....1906.... to ....1906....

that I last saw h.... alive on ....1906....,

and that death occurred, on the date stated above, at ....

....11. CAUSE OF DEATH (Secondary or Immediate)

Shock from ac-
cidental burn

(DURATION) 1/4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Allan Baldwin M.D.

Address 700 Lafayette Ave, City

Date Oct. 30th 1906

Place of Burial Mt. Auburn Cem

Date October 31st 1906

Undertaker Chas. W. Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 ~~94915~~ Registered No. B 94915

CERTIFICATE OF DEATH.

(Place of Death.) No. 1402 Brunt St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Jas. Edward Woolford.

{Residence, if in Baltimore, Give Street and Number.} 1402 Brunt St.

Duration of Residence in Baltimore. About 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Col

DATE OF BIRTH 1860

AGE 46 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Stephen Woolford

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr. E. Woolford

(Address) 1011 N Calhoun

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1906 to Oct. 27 1906 that I last saw him alive on Oct. 19 1906 and that death occurred, on the date stated above, at 7 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Haemoptysis

About 5 minutes (DURATION) ___ DAYS

Contributory (Primary) Ac. Pulmonary Tuberculosis (DURATION) About 4 yrs

(Signed) W. E. Carr, Jr. M.D.

Address 515 Mosher St.

Date Oct. 29 1906

Place of Burial Laurel Cem

Date Oct 30th 1906

Undertaker Sam'l W. Chase

Address 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94916 Registered No. B 94916

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 541 Little Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jordan Taylor

{ Residence, if in Baltimore, Give Street and Number. } 641 Little Brunt St

Duration of Residence in Baltimore. Eighteen Mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Thickens

(Address) 541 Little Brunt St.

Filed 10/30 1906 [HARRY C. ANDREWS] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Died Suddenly (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Silas Baccamin M.D.

Address Two Log. av. (Colored)

Date Oct. 29th 1906

Place of Burial Mt Jam

Date Oct 30 1906

Undertaker J. H. Demmo

Address 1332 Pentland

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 9491 Registered No. B 9491

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1335 N Caey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Jones

{Residence, if in Baltimore, Give Street and Number.} 1335 N Caey St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH 1/1867

AGE 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Drayman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lawrence Jones

(Address) 1335 N Caey St

Filed 10/30 1906

MARY C. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15th 1906 to Oct 29 1906

that I last saw h cm alive on Oct 28 1906

and that death occurred, on the date stated above, at 1045 a m. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Rysaner M.D.

Address 2008 Ashland Ave

Date October 29th 1906

Place of Burial Natural Cemetery

Date Wednesday Oct 31st 1906

Undertaker Eckhardt & Wright

Address 1364 N Caey Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 94918

94918

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 908 Boyd Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Wm H and

Full Name ~~Baby~~ Sadie Williams

{Residence, if in Baltimore, Give Street and Number.} 908 Boyd Str.

Duration of Residence in Baltimore. Infant

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Oct. 2 - 1906

AGE ..... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER William H. Williams

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Sadie Collins

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 908 Boyd St

Filed 10/30 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1906 to Oct. 28 1906

that I last saw her alive on Oct. 28 1906.

and that death occurred, on the date stated above, at 2:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAY

Contributory (Primary.) Intestinal toxemia

(DURATION) 93 DAYS

(Signed) R O Dees M.D.

Address 622 N. Lombard St

Date October 29 1906

Place of Burial Mt Auburn-cemetery

Date oct 30 1906

Undertaker George H Hooper

Address 607 Little Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

94919

Registered No. B 94919

CERTIFICATE OF DEATH.

(Place of Death.) No 1327 W. Charles St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John Kahl Sr

{ Residence, if in Baltimore, Give Street and Number. } 1327 W. Charles

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Sept 21 st 1826
AGE	80 years, 1 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Gery
FULL NAME OF FATHER	Henry Kahl
BIRTHPLACE OF FATHER (State or country)	Gery
MAIDEN NAME OF MOTHER	Elizabeth Klatz
BIRTHPLACE OF MOTHER (State or country)	Gery
OCCUPATION OF DECEASED	Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie V. Kahl (wife)

(Address) 1327 W Charles St

Filed 10/30 1906

HARRY O. ANDREWS, [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 21 1906 to Oct 29 1906

that I last saw him alive on Oct 28 1906,

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary) Chronic Nephritis

(DURATION) DAYS

(Signed) Thos Bauslin M.D.

Address 1228 W. Charles St

Date Oct 30 1906

Place of Burial Western Cem

Date Oct 31 st 1906

Undertaker E Schloman & Son

Address 1039 Lemmon St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94920 Registered No. B 94920 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 S Montford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Elizabeth Behnken

{ Residence, if in Baltimore, Give Street and Number. } Life 811 S Montford

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH November 22nd 1903

AGE 2 years, 11 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Herman Behnken

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary A. Winkelman

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Behnken

(Address) 811 S. Montford Ave.

Filed 10/30 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1906

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Oct 29 1906 that I last saw h-e alive on Oct 29 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Oct 29 1906

Place of Burial Mt Carmel Cem

Date Oct 30 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltic. Sts. and 1705-1710 Canton Avenue

WM. J. C. DULANY CO., Baltimore.

3 P.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94921

City of Baltimore, (No. 3432, Cedar Ave St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A Balderston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Oct (Month) 10 (Day) 1826 (Year)

AGE: 80 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): ~~Md~~ Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Warfield

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw W Balderston

(Address) 3432 Cedar ave

Filed 10/30 1906 HARRY O. ANDREWS, PUBLIC CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct-11 1906 to Oct-29 1906 that I last saw her alive on Oct-25-11- 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Dysentery & Renal debility 1st Agent (Collapse)

(DURATION) 18 DAYS

Contributory Gen debility - 1 year

(DURATION) DAYS

(Signed) Thos A Feldmann M. D.

Oct 30 1906 (Address) 803 1st Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Mary's Hampden — DATE OF BURIAL: Oct 31st 1906

UNDERTAKER: A F Philbin — ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94922

City of Baltimore, (No. 1449 Hull St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Patrick Patnaude

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July (Month) 18 (Day) 1906 (Year)
AGE	1 years, 3 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Joseph. P. Patnaude
BIRTHPLACE OF FATHER (State or country)	New Hampshire
MAIDEN NAME OF MOTHER	Nelly M. McInulty
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Patnaude

(Address) 1449 Hull St

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~

26 Oct 1906 to ——— 190—

that I last saw him alive on 26 Oct 1906

and that death occurred, on the date stated ~~above~~ about, at 2 p. m. The CAUSE OF DEATH was as follows:

Asphous Stomatitis
Mal-nutrition

(DURATION) (2) DAYS

Contributory Convulsions

(DURATION) 1/2 DAYS

(Signed) James Cooper M. D.

29 Oct 1906 (Address) 1522 Hull St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Oct 31 1906
UNDERTAKER	ADDRESS
John J Foley	1232 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 94923 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1122 Linden ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Johanne F. Gude

{Residence, if in Baltimore, Give Street and Number.} 1122 Linden ave

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH apr 10th 1828

AGE ~~78~~ 78 years, 6 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Geo Ranchelbach

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Willa Gude

(Address) 1122 Linden ave

Filed 10/30 1906 HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Oct 29 1906

that I last saw her alive on Oct 29 1906, and that death occurred, on the date stated above, at 8.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 7 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) 90 DAYS

(Signed) Wm Casseri M.D.

Address 1603 Madison ave

Date Oct 30th 1906

Place of Burial Loudon Park

Date Oct 31st 1906

Undertaker G. F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94924

Registered No. B

City of Baltimore, (No. 14 E. West St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clarence Edward Auld

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec (Month) 29 (Day) 1905 (Year)

AGE: ..... years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry E. Auld

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary C. Weber

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry E. Auld

(Address) 14 E. West St

Filed 10/30 1906

HARRY C. ANDREWS, PERRY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 28" (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23, 1906 to Oct 28" 1906

that I last saw him alive on Oct 28" 1906,

and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 5 - DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Wm B. McDonald M. D.

Oct 29" 1906 (Address) 305 Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Oct 30 1906

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. No. 94925

Registered No. B.....

City of Baltimore, (No. 251, Franklin Square Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew Bzoch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct (Month) 30 (Day) 1906 (Year)

AGE: 63 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Bzoch

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louise Liber

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Miner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Bzoch

(Address) 830 Compton Ave

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 31 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to Oct 31 1906

that I last saw h... alive on Oct 30 1906,

and that death occurred, on the date stated above, at 9a M. The CAUSE OF DEATH was as follows:

Uremia

(DURATION) 3 DAYS

Contributory Bright's Disease

(DURATION) — DAYS

(Signed) H. G. Brantham M. D.

Oct 31 1906 (Address) Franklin Sq. Hosp.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 830 Compton Ave How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... N

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 2 1906

UNDERTAKER: John J. Gahey — ADDRESS: 1737 William St.

Ward 70 94926 Registered No. B 94926

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 S. Bantalou St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget E. McConnell.

{Residence, if in Baltimore, Give Street and Number.} 613. Bantalou St.

Duration of Residence in Baltimore. 65 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1

AGE: 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Francis Battersby

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Riley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Lewis.

(Address) 1821. N. Milton Ave

Filed 10/30/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October, 29th 1906

I HEREBY CERTIFY, That I attended deceased from October, 18th 1906 to October, 29th 1906 that I last saw her alive on October, 29th 1906, and that death occurred, on the date stated above, at 3 15 P. M.

CAUSE OF DEATH (Secondary or Immediate) Suffered from organic Heart disease - mitral aortic - for at least 3 years to my knowledge, when (DURATION) DAYS

Contributory (Primary.) cardiac dropsy terminated life (DURATION) 10 DAYS

(Signed) Ph. Marshall M.D.

Address 2151. Wilkins Ave

Date October, 29th 1906

Place of Burial Balto Cemetery

Date ~~Oct.~~ October 31st 1906

Undertaker William Cook

Address 509 E Hamburg

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 9492? Registered No. B ..... 9492?

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 943 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas L Taylor

{ Residence, if in Baltimore, Give Street and Number. } 943 N Broadway

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 12 1834

AGE: 72 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Annapolis Md.

FULL NAME OF FATHER: Thomas Taylor

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Maria Hutton

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. L. Harker

(Address) 943 N Broadway Baltimore Md

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28. 1906

I HEREBY CERTIFY, That I attended deceased from May 5. 1906 to October 28. 1906 that I last saw h[illegible] alive on " " 1906, and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis, involving bones, Glands & Bowels (DURATION) 6 months DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) Geo A Hartman M.D.

Address 1121 N Caroline St.

Date October 29. 1906

Place of Burial Green Mount

Date Oct 31 1906

Undertaker Henry W. Myers & Sons

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 94923 Registered No. B 94923

CERTIFICATE OF DEATH. 93

Place of Death.) No. 418 S. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bell Bars.

{ Residence, if in Baltimore, Give Street and Number. } 418 S. Spring st

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1881

AGE 25 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) D. C.

FULL NAME OF FATHER William Bell

BIRTHPLACE OF FATHER (State or couutry) D. C.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) D. C.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Bars.

(Address) 418 S. Spring

Filed 10/30 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to Oct 29th 1906 that I last saw h[er] alive on " 1906, and that death occurred, on the date stated above, at 4.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 30 DAYS

(Signed) J. L Winner M.D.

Address 1735 Bank

Date Oct 30 1906

Place of Burial Laurel

Date Oct 31 1906

Undertaker Mrs J. E Jackson

Address 1421 Mulliken St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 94929 Registered No. B 94929

CERTIFICATE OF DEATH.

(Place of Death.) No. 2216 Ashland ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James W. Schaff

{Residence, if in Baltimore, Give Street and Number.} 2216 Ashland ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct. 29 1906

AGE ..... years, ... months, 18 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER William C. Schaff

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Elizabeth C. Stickler

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William C. Schaff

(Address) 2216 Ashland ave

Filed 10/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Oct 30 1906 that I last saw h-im alive on 10 29 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.

(DURATION) 18 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 milton ave

Date Oct 30 1906

Place of Burial Holy Redeemer

Date Oct 30 1906

Undertaker J. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4

94930

Registered No. B 94930

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Cora Cooke

{Residence, if in Baltimore, Give Street and Number.} Silas Eddy Co.

Duration of Residence in Baltimore. Born-native

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — 1

AGE: years 21 months — days —

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Cooke

(Address) Silas Eddy. Co

Filed 10/30 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18, 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Skull

(DURATION) R — DAYS

Contributory (Primary.) R. R. Accident

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E. Caroline St.

Date Oct. 30 1906

Place of Burial St Vincents Cemetery

Date OCT 30 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

Registered No. B 94931

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 S. Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Beck

{Residence, if in Baltimore, Give Street and Number.} 418 S. Ann St.

Duration of Residence in Baltimore. Life B 94931

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 2nd 1853
AGE	53 years, 5 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	wood worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ann Beck (wife)

(Address) 418 S. Ann St.

Filed 10/30 1906 HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 28 1906

I HEREBY CERTIFY, That I attended deceased from January 17 1906 to Oct. 28 1906 that I last saw h[illegible] alive on Oct. 27 1906, and that death occurred, on the date stated above, at 6-50 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uraemic infection

(DURATION) 21 DAYS

Contributory (Primary.) Chronic Bronchitis (DURATION) 284 DAYS

(Signed) John H. Rehberger M.D.

Address #1709 Alice Anna St

Date Oct. 30th, 1906

Place of Burial Holy Redeemer Cem.

Date Oct. 31 st 1906

Undertaker Germanus Frank

Address Bang & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 94932 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 1034 Hillen St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ella Mason

{Residence, if in Baltimore, Give Street and Number.} 1034 Hillen St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: Thos. Mason

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Ryan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Reynolds

(Address) 1034 Hillen St.

Filed 10/30 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1906 to Oct 29, 1906

that I last saw her alive on Oct. 29, 1906

and that death occurred, on the date stated above, at 6

1 M. CAUSE OF DEATH (Secondary or Immediate

Acute Indigestion

(DURATION) 3 DAYS

Con'tributory (Primary) Heart disease

(DURATION) DAYS

(Signed) Benj. D. Hopkins M.D.

Address 216 N. Carlton St.

Date Oct. 30 1906

Place of Burial Saint Peters

Date October 31 1906

Undertaker Fred Krause & Bro

Address 706 Hanover St

HARRY O. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 94933 Registered No. B 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 412 N. Carrollton Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Joseph Warfield

{Residence, if in Baltimore, Give Street and Number.} 462 N. Carrollton Ave

Duration of Residence in Baltimore. Fifty six Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Aug 18th 1835

AGE 71 years, 2 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Anne Arundel Co. Md

FULL NAME OF FATHER Thomas Warfield

BIRTHPLACE OF FATHER (State or country) Ann Arundel county Md

MAIDEN NAME OF MOTHER Ann Warfield

BIRTHPLACE OF MOTHER (State or country) Ann Arundel county Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene Warfield

(Address) 412 N. Carrollton Ave

Filed 10/30 1906 S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29th 1906

I HEREBY CERTIFY, That I attended deceased from July 20th 1906 to Oct 28th 1906

that I last saw him alive on Oct 28th 1906

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate

Hypertrophy & Dilatation of Heart,

Three months & Nine days (DURATION) DAYS

Contributory (Primary.) Nothing definite

(DURATION) DAYS

(Signed) John Neff M.D.

Address 701 N Carrollton Ave

Date Oct. 29th 1906

Place of Burial Druid Ridge

Date Oct 31st 1906

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 94934 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1815 W. Lexington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Christine Vonder Horst.

{Residence, if in Baltimore, Give Street and Number.} 1815 W. Lexington St.

Duration of Residence in Baltimore. 48 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 25th 1841

AGE: 64 years, 11 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Henry R. Veditz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna M. Hollmus

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Vonder Horst

(Address) 572 N. Carrollton Ave

Filed 10/31/06

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct. 30th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1906 to Oct. 29 1906

that I last saw h[illegible] alive on Oct. 29 1906

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of the Brain

(DURATION) 22 DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) J. O. C. Cuddy M.D.

Address 937 Madison Ave.

Date Oct. 30- 1906

Place of Burial Cremated Loudon Park Cem.

Date Nov. 1st 1906

Undertaker Jas. & Wm. John H. Tevis & Co.

Address S.W. Cor. Fayette & Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94935 Registered No. B 94935

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel J Glenn.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: Geo. Joesdens

(Address: 217 S. Pacca

Filed 10/31 1906.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Oct 29 1906 that I last saw h in alive on Oct 29 1906 and that death occurred, on the date stated above, at 4.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffused Nephritis, Uraemia

Senility, Dysentery

Pneumonia (DURATION) DAYS

Contributory (Primary.) Old age (DURATION) DAYS

(Signed) J. Sterling Leatherbury M.D.

Address Bay View Asylum

Date Oct 29 1906

Place of Burial Greenmount

Date Oct 31 1906

Undertaker Jos. Joesdens, Jr.

Address 217 S. Pacca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94936

City of Baltimore, (No. , 1412 E Lanvale St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philippine Riehl

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan. (Month) 16th (Day) 1826 (Year)

AGE: 80 years, 9 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Household duties

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lotta Riehl

(Address) 1412 E. Lanvale st.

Filed 10/31/1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 25 1906 to October 28 1906

that I last saw her alive on October 26 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Atheromatosis. Valvular disease of the heart

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) [illegible] M. D.

October 29 1906 (Address) 1400 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore cemetery	Oct 31st 1906
UNDERTAKER	ADDRESS
J. C. Schuh & Son	1733 Alice Anna

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B 94937

CERTIFICATE OF DEATH.

(Place of Death.) No. 2119 Division St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Nathan Jefferson

{ Residence, if in Baltimore, Give Street and Number. } 2119 Division St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Stephen Jefferson

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Martha Dandridge

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED, Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Fowler

(Address) 2117 Division St.

Filed 10/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9 a. m. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Acute Alcoholism (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. av. (County)

Date Oct. 31st 1906

Place of Burial Mt. Auburn Cemetery

Date Nov 1 st 1906

Undertaker Schmidt & Wright

Address 1864 N Carey st

HARRY D. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94938

City of Baltimore, (No. #1316 E Monument St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marcelaus Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April (Month) 20 (Day) 1886 (Year)

AGE: 20 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frank Holt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Laura Dorsey

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. A. Hall

(Address) 1316 E. Monument st.

Filed 10/31 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 8th 1906 to Oct 29th 1906

that I last saw h.. alive on Oct 29 1906,

and that death occurred, on the date stated above, at 3:10 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

14 yrs (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) John J. Dick M. D.

10/30 1906 (Address) 936 E. Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto. Cem. | DATE OF BURIAL: Nov. 2 1906

UNDERTAKER: John B. Weisel | ADDRESS: Hartford Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 94939 — Registered No. B 94939

42

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Margaret Kenn[illegible]

{Residence, if in Baltimore, Give Street and Number.} 2034 E. North ave

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1879

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Brousiskey

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) BAY VIEW ASYLUM

Filed 10/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 5 1906 to Oct 29 1906

that I last saw h[illegible] alive on Oct 29 1906

and that death occurred, on the date stated above, at 11 25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Cervix Uteri

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J Stirling Hendry M.D.

Address Oct 29 1906

Date Bay View Hospital 190

Place of Burial Holy Redeemer Cem

Date Nov 1st 190 6

Undertaker Geo. W. Deaselmore

Address 901 Hallins St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 94940 — Registered No. B 94940

CERTIFICATE OF DEATH.

(Place of Death.) No. 2014 York Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha A Blume

{Residence, if in Baltimore, Give Street and Number.} 2014 York Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 4th 1850

AGE: 56 years, 9 months, 26 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Almira Mannar

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Engina Blume

(Address) 2014 York Road.

Filed 10/31 1906

PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 14 1906 to Oct 30 1906

that I last saw h[illegible] alive on Oct 29 1906,

and that death occurred, on the date stated above, at 1215 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of Liver

(DURATION) 90 DAYS

Con ributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Thomas J Talbott M.D.

Address 2505 Penn Ave

Date Oct. 30 1906

Place of Burial Baltimore Cemetary

Date Nov 2nd 1906

Undertaker Geo Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9494

City of Baltimore, (No. 123 E. Randall St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John W. Hayward

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. (Month) 20 (Day) 1837 (Year)
AGE	68 years, 11 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Dorchester Co. Md
FULL NAME OF FATHER	Samuel Hayward
BIRTHPLACE OF FATHER (State or country)	Dorchester Co.
MAIDEN NAME OF MOTHER	Rebecca Rois
BIRTHPLACE OF MOTHER (State or country)	Dorchester Co.
OCCUPATION OF DECEASED	Bargeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hayward

(Address) 123 E. Randall

Filed 10/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Oct. 25 1906 that I last saw h[illegible] alive on Oct. 24 1906, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) DAYS

Contributory Apoplexy

(DURATION) DAYS

(Signed) J. B. Adams M. D.

Oct. 29 1906 (Address) 2124 St. Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	Oct 31 1906
UNDERTAKER	ADDRESS
Edw. J. Fanning	1956 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 94342 — Registered No. B 94942 — 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 Montford Av (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna M. Huber

{ Residence, if in Baltimore, Give Street and Number. } 1632 Montford Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 6th 1906

AGE: — years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Huber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Bridget Dietz

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Huber

(Address) 1632 Montford ave

Filed 10/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 29th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1st 1906 to Oct 29th 1906 that I last saw h alive on Oct 28th 1906, and that death occurred, on the date stated above, at 9. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility
Convulsions & Asthenia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCully M.D.

Address 656 W Franklin St

Date Oct 29th 1906

Place of Burial Baltimore Md

Date October 31 1906

Undertaker John B Duffy

Address 2 Northern Parkway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94943

Registered No. B.....

City of Baltimore, (No. 918 Cedar St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Negro

DATE OF BIRTH Aug (Month) 14 (Day) 1906 (Year)

AGE ..... years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Andrew Davis

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Mamie Brown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Davis MD

(Address) 424 N Greene

Filed 10/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Oct 29 1906 that I last saw her alive on Oct 29 1906, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

..... (DURATION) ..... DAYS

Contributory Asthenia

..... (DURATION) ..... DAYS

(Signed) Wm A Davis M. D.

Oct 30 1906 (Address) 424 N Greene

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Oct 31st 1906

UNDERTAKER Felix B Pye | ADDRESS 1126 Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 94944 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Henry Stewart

{Residence, if in Baltimore, Give Street and Number.} 1613 Saratoga St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Thomas Stewart.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Frances Cook.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Seaman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Francis Stewart.

(Address) 1613 N. Saratoga st

Filed 10/31 1906

HARRY C. ANDRAE, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 23 1906 to Oct 30 1906

that I last saw h[im] alive on Oct. 29 1906,

and that death occurred, on the date stated above, at 8 4 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure due to Muscular atony (DURATION) DAYS

Con'tributory (Primary) Pulmonary Tubercu- losis (3wks. to our knowledge) (Seaman) (DURATION) DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date October 30 1906.

Place of Burial St Auburn Cemetery

Date November 1st 1906

Undertaker Felix B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name***, ***sex***, ***age***, ***condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 94945 — Registered No. B 94945

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~247~~ 217 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Simpson

{Residence, if in Baltimore, Give Street and Number.} 217 N. Vincent St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George Simpson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Maggie Smith.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Maggie Simpson

(Address) 217 N. Vincent St

Filed 10/31 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30, '06 1906

I HEREBY CERTIFY, That ~~I attended deceased from~~ Oct. 24, 1906 to Oct. 30, 1906 that I last saw her alive on Oct. 29, 1906, and that death occurred, on the date stated above, at 2:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) E. A. Dickey, M.D.

Dispensary Physician Provident

Address Quarantine Hospital Dispensary

Date Oct. 30, 1906

Place of Burial Laurel Cemetery

Date Oct. 31st 1906

Undertaker Felix B Pye.

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94946

City of Baltimore, (No. 766, N. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	[illegible] 1893
AGE	13 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Milton Thomas
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Jane Arbutus
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Milton E. Thomas

(Address) 766 N. Mulberry St.

Filed 10/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 24 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Oct 29 1906

that I last saw h[illegible] alive on Oct 28 1906,

and that death occurred, on the date stated above, at 11 35 P. M. The CAUSE OF DEATH was as follows:

(Pulmonary Tuberculosis

(DURATION) 6 mos DAYS

Contributory ... (DURATION) ... DAYS

(Signed) Wm. E. Clintons M. D.

Oct 29 1906 (Address) 201 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Int. Auburn Cemetery — DATE OF BURIAL: Oct 31st 1906

UNDERTAKER: Felix B Pye — ADDRESS: 1026 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 94947 Registered No. B 94947

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno T Singleton

{ Residence, if in Baltimore, Give Street and Number. } Glenville Md

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 32 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Elijah E. Singleton

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hannah Griffith

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Singleton

(Address) Churchville Harford Co

Filed 10/31 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

Second degree burns

from a hanging Cause accidental explosion (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Oct 31 1906

Place of Burial Aberdeen Md

Date Oct 31 1906

Undertaker Wm J Tarbert & Son

Address Camden & Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 94948 — Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1633 Westwood Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Kendal Gore

{ Residence, if in Baltimore, Give Street and Number. } 1633 Westwood Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 3 1906

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Henry Gore

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Minerva Smith

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Gore

(Address) 1633 Westwood Av

Filed 10/31 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 31st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1906 to Oct 31st 1906 that I last saw him alive on Oct 31st 1906, and that death occurred, on the date stated above, at 9 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Congestion
Convulsions of Asthenia

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T McCarthy M.D.

Address 656 W Franklin St

Date Oct 31st 1906

Place of Burial Loudon Park

Date November 1 1906

Undertaker Josiah Syfer

Address 1620 N North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 94949 — Registered No. B 94949

CERTIFICATE OF DEATH.

(Place of Death.) No. 936 Fell — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Helen Gruszczyńska

{Residence, if in Baltimore, Give Street and Number.} 936 Fell St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 22 1906

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wizenty Gruszczyński

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Apolonia Nowak

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wizenty Gruszczyński

(Address) 936 Fell St

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Oct 29 1906

that I last saw h[illegible] alive on Oct 29 1906,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 2 DAYS

Contributory (Primary)

Exhaustion (DURATION) 1 DAYS

(Signed) S. J. Szmurło M.D.

Address 722 S. Ann St

Date October 31 1906

Place of Burial St Stanislaus

Date November 1st 1906

Undertaker M. J. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Baltimore.

Ward 17 — 94950 — Registered No. B 94950

CERTIFICATE OF DEATH.

(Place of Death.) No. St Elizabeths Home, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Nichols.

{Residence, if in Baltimore, Give Street and Number.} St Elizabeths Home - St Paul St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Black
DATE OF BIRTH: Aug 19 1903	
AGE: 3 years, 2 months, 9 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: ✓	
BIRTHPLACE OF MOTHER (State or country): ✓	
OCCUPATION OF DECEASED: ✓	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 10/31 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 28 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Oct 28 1906

that I last saw h— alive on Oct 29 1906,

and that death occurred, on the date stated above, at 7 9 M. CAUSE OF DEATH (Secondary or Immediate.)

Whooping Cough

(DURATION) 21 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) John Ruhrah M.D.

Address 5392 Eutaw St

Date Oct 29 1906

Place of Burial .....

Date ..... 190...

UNIVERSITY OF MARYLAND. OCT 30 1906 Commissioner Health.

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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f Baltimore.

Ward 7

Registered No. B 94951

94951

CERTIFICATE OF DEATH.

6

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauza

{Residence, if in Baltimore, Give Street and Number.} Sam-market. Emigrant

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 10/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 19, 1906

I HEREBY CERTIFY, That I attended deceased from Coroner 190 to Cure 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Infection from Excision

ulceration following

measles.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Hanford M.D. Coroner

Address 216 N. Carrollton St.

Date Oct. 27 1906

Place of Burial

Date OCT 29 1906 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

UNIVERSITY OF MARYLAND
SURGERY OF ANDREWS
FOR ANATOMICAL PURPOSES

Commissioner Health,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 94952 *Registered No. B* 94952

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Cyrus Till

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black.
DATE OF BIRTH: 1	
AGE: 39 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM. Sup't

Filed 10/31 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1906 to Oct 30 1906

that I last saw h alive on Oct 30 1906 10 30

and that death occurred, on the date stated above, at 6 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Tubercular Hemorrhage (DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) J. Sterling Leath M.D.

Address Bay View Asylum

Date Oct 30 1906

Place of Burial UNIVERSITY OF MARYLAND

Date OCT 31 1906 190

Undertaker William H. Woodus

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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City of Baltimore.

Ward 17 94953 Registered No. B 94953

CERTIFICATE OF DEATH.

(Place of Death.) No. 1413 W. Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Hyde

{Residence, if in Baltimore, Give Street and Number.} 1413 W. Mulberry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feby 2 - 1840

AGE: 66 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: John Hyde

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Susan

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Brassfinisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo. Russell

(Address) 1413 W. Mulberry St

Filed 10/31 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Oct 30 1906

that I last saw him alive on Oct 29 1906,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 6 DAYS

Contributory (Primary) Brights

(DURATION) DAYS

(Signed) Edward H. Condon M.D.

Address 1403 W Fayette St

Date Balto Oct. 31 1906

Place of Burial Green Mount

Date Nov. 1 1906.

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

City of Baltimore.

Ward 7th 94954 Registered No. B 94954

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katrina Young

{Residence, if in Baltimore, Give Street and Number.} 1114 Andre St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ widow: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Joseph Young

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Slyntebeck

(Address) 1318 Light-St.

Filed 10/31 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: October 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Oct 30 1906

that I last saw her alive on Oct 30 1906, and that death occurred, on the date stated above, at 8 05 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.) Chr Nephritis

(DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hosp. 1078.

Date 1906

Place of Burial Olivet Cem

Date ~~Oct~~ Nov 1st 1906

Undertaker Jos Slyntebeck

Address 1318 Light-St.

HARRY O. ANDREWS. PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94955
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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94955

Registered No. B.....

City of Baltimore, (No. 1724 Hollins St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Celia V. Naylor

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 12 (Day) 1878 (Year)

AGE 28 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Eli Garrett

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bert Naylor

(Address) 1724 Hanover St.

Filed Oct 31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Oct 31 1906

that I last saw h er alive on Oct 31 1906,

and that death occurred, on the date stated above, at 7-30 A. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) 4 hrs DAYS

Contributory Labor

(DURATION) 14 hrs DAYS

(Signed) R. E. L. Campbell M. D.

Oct 31 1906 (Address) 1644 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ?

PLACE OF BURIAL OR REMOVAL Hanover Pa

DATE OF BURIAL Oct 31 1906

UNDERTAKER Jos Steinbeck

ADDRESS 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 94956 — Registered No. B 94956

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 Lendenhall St (L) (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Agnes Donelly

{Residence, if in Baltimore, Give Street and Number.} 1118 Lendenhall St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. — COLOR: W.

DATE OF BIRTH: June 9 1896

AGE: ..... years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Francis P Donelly

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Catherine Lamb

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Donnelly

(Address) 1118 Leadenhall St

10/31 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to Oct 30 1906

that I last saw h— alive on Oct 30 1906.

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate.)

Catarrhal Pneumonia

(DURATION) 8 DAYS

Con'tributory (Primary) Commbarm

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 831 Light St

Date Oct 30 1906

Place of Burial Holy Cross Cemetery

Date November 1. 1906

Undertaker Daniel and Margaret E Flynn

Address 426 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...TMENT, City of Baltimore.

Ward ..... 94957 Registered No. B 94957

CERTIFICATE OF DEATH.

(Place of Death.) No. 815 S Hare St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Balke

{Residence, if in Baltimore, Give Street and Number.} 815 Hare st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 14th 1906

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Charles Johnson

BIRTHPLACE OF FATHER (State or country): Ohio

MAIDEN NAME OF MOTHER: Albertine Balke

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albertine Balke

(Address) 815 S Hare St.

Filed 11/1 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct 31st 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h... alive on — 190,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Intestinum

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Scudder Cor M.D.

Address 320 N Green St

Date Nov 1 1906

Place of Burial Trinity Cemetery

Date November 1st 1906

Undertaker H. Sander & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...MENT, City of Baltimore.

Ward 13 — 94958 — Registered No. B 94958

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Newington Ave. St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Florence A. Poole

{Residence, if in Baltimore, Give Street and Number.} 704 Newington Ave.

Duration of Residence in Baltimore. 3 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 5 1884

AGE 22 years, — months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Washington D. C.

FULL NAME OF FATHER John Viers

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Laura Ginell

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Nothing ~~Housewife~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) The Family

(Address) 704 Newington Ave.

Filed 10/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 30th. 1906.

I HEREBY CERTIFY, That I attended deceased from October 12 1906 to Oct 30 1906 that I last saw h— alive on Oct 30 1906, and that death occurred, on the date stated above, at 8¼ P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about (DURATION) 90 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) David Streett M.D.

Address 712 Park ave

Date Oct 31 1906

Place of Burial Washington D.C.

Date Nov. 2nd 1906

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Patient came here from New York 2 weeks ago

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

...TMENT, City of Baltimore.

94959

Ward ..... Registered No. B 94959

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mr. Frederick T. Suhr.

{ Residence, if in Baltimore, Give Street and Number. } Easton, Md.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: .....1.....

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Denmark.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) —

Filed 11/1 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30, 1906 to Oct 31, 1906 that I last saw him alive on Oct 31, 1906, and that death occurred, on the date stated above, at 11-20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophied prostate & resulting infective cystitis.

(DURATION) ? DAYS

Contributory (Primary) Toxaemia ?

Heart failure (DURATION) ? DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital

Date Nov. 1 1906

Place of Burial Easton Md.

Date November 2 1906

Undertaker Wm. J. Frey

Address 221 N. Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

...TMENT, City of Baltimore.

Ward 6 — 94960 — Registered No. B 94960

CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 N. Gay St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth A. Balls

{Residence, if in Baltimore, Give Street and Number.} 1229 N. Gay St

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Co. Md

FULL NAME OF FATHER: John Balls

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Elizabeth A. Cross

BIRTHPLACE OF MOTHER (State or country): Balto Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 1021 Valley St

Filed 11/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31, 1906.

I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1906 to Oct. 31, 1906. that I last saw her alive on Oct. 31, 1906 and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia

(DURATION) 6 DAYS

Contributory (Primary.) Chronic interstitial nephritis (DURATION) ? DAYS

(Signed) J. Lee Magruder M.D.

Address 1247 W. Gay St.

Date Oct. 31, 1906. 190

Place of Burial Presbyterian, Govanstown

Date Nov 2 1906

Undertaker H. C. Winkfield

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 18

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 94961

94961

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 N. Schroder St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph P. Johnson

{Residence, if in Baltimore, Give Street and Number.} 314 N. Schroder st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Feb 21 1840

AGE: 66 years, 9 months, 9 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Lamp Lighter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca Johnson

(Address) 314 N. Schroder st

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct. 30 1906

that I last saw h~~im~~ alive on Oct 30 1906

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion.

(DURATION) DAYS

Con~~tributory~~ (Primary) Hemiplegia

(DURATION) 36

(Signed) Wm Kaslin M.D.

Address 852 W. North Ave.

Date Oct 31 1906

Place of Burial Loudon Park Cem

Date Nov 2 1906

Undertaker Chas. E. Isaac

Address 714 N. Eutaw

Ward 12 — 94962 — Registered No. B 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 100 N Gross St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Steiser.

{Residence, if in Baltimore, Give Street and Number.} 100 N. Gross St

Duration of Residence in Baltimore. 37 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: June 12 1822

AGE: 84 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maria Loschenke (mother)

(Address) 100 N. Gross St

Filed 11/1 1906 — Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at 7.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental fall down stairs. Shock.

..... (DURATION) ..... DAYS

Contributory (Primary.) fracture of ribs & right arm (DURATION) ..... DAYS

(Signed) H. McKeenhandt M.D.

Address None

Date October 31 1906

Place of Burial Loudon Park Cem

Date Nov 2nd 1906

Undertaker C. Schuman & Son

Address 182 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the C... er, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other per... superintending the setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94963

City of Baltimore, (No. 219 Canal st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nellie Wormley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: May (Month) 29 (Day) 1904 (Year)

AGE: 2 years, 5 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Jno. Wormley

BIRTHPLACE OF FATHER (State or country): Howard Co. Md.

MAIDEN NAME OF MOTHER: Jane Winder

BIRTHPLACE OF MOTHER (State or country): Somerset Princess Anne Co, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother of infant

(Address) 219 Canal st.

Filed 11/1 1906 Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12.30 a. m. The CAUSE OF DEATH was as follows: Acute miliary tuberculosis

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jr. G. Yates M. D.

Oct. 31 1906 (Address) 1711 Mad. Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 1 1906
UNDERTAKER	ADDRESS
P. McG. Scott	506 Rogers Ave

This patient has been attended at the H. W. Dispensary since March 1906.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. ***twenty-four hours after death***, to the Coroner, when the case comes under his notice, to furnish within

Ward 9 94964 Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 224 N Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Weber

{Residence, if in Baltimore, Give Street and Number.} 224 N. Eutaw St

Duration of Residence in Baltimore. 24 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH August 3 1827

AGE 79 years, 2 months, 26 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Mary Bach

(Address) 224 N Eutaw

Filed Nov 1 1906 HARRY G. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 6 30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Cumming M.D.

Address Coroner's Office

Date Nov 1 1906

Place of Burial Lorraine Cemetery

Date Nov 3 1906

Undertaker Louis Hemmerich

Address 6 S Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 94965

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94965

City of Baltimore, (No. # 221 S. Madeira St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Cooper Pearce

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH (Month) (Day) (Year)	Not known 1
AGE	25 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Philadelphia
FULL NAME OF FATHER	John Pearce
BIRTHPLACE OF FATHER (State or country)	Phila
MAIDEN NAME OF MOTHER	Hester Jones
BIRTHPLACE OF MOTHER (State or country)	Philadelphia
OCCUPATION OF DECEASED	Wagon Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Jane Miele

(Address) # 7 S. Durham

Filed 11/1 1906

HARRY S. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Oct 30 1906

that I last saw him alive on ~~Oct~~ Sept 28 1906,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) DAYS

Contributory Exhaustion (DURATION) 7 DAYS

(Signed) A. E. Clytus M. D.

10/30 1906 (Address) Phipps Dispensary

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov. 2nd 1906
UNDERTAKER	ADDRESS
Theodore White	1702 Gough

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 94966 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. John's Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Johnson.

{ Residence, if in Baltimore, Give Street and Number. } 1335 Division St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black.

DATE OF BIRTH 1

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bro Brother

(Address) 621 Greenwood Ave

Filed 11/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Oct 30 1906 that I last saw h[illegible] alive on Oct 30 1906, and that death occurred, on the date stated above, at 11.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Intercurrent Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Nov 1 1906

Place of Burial Baltimore Harpers Ferry W. Va.

Date November 2 — 1906

Undertaker R. T. Elliott

Address 556 Rogers Ave

HARRY C. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

33

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94967

City of Baltimore, (No. 15-15 Latrobe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katy Tally Alexander

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Mulatto

DATE OF BIRTH Oct 31 1874 (Month) (Day) (Year)

AGE 32 years, exactly months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Alexander Talley

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Alexander

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomon Talley

(Address) 1515 Latrobe St

Filed 11/1 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1905 to Oct 31 1906

that I last saw her alive on Oct 31 1906,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Asthenia or Exhaustion due to Persistent Diarrhea caused by Tuberculous Enteritis or Tuberculosis of Intestines (DURATION) 1 Year

Contributory (DURATION) DAYS

(Signed) Haughton Bayley M. D.

Oct 31 1906 (Address) 2035 Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel Cemetery

DATE OF BURIAL Nov 3 1906

UNDERTAKER P. McElliott

ADDRESS 506 Pratt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward .....

95

CERTIFICATE OF DEATH.

(Place of Death.) No. 804 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alberta Carroll.

{ Residence, if in Baltimore, Give Street and Number. } 804 N. Dallas Street

Duration of Residence in Baltimore. Since birth. B94968

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	—— 1——
AGE	9 years, 5 months, —— days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Jesse Carroll
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Jennie Thomas
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jessie Thomas

(Address) 804 N. Dallas St

Filed 11/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 31st October 1906.

I HEREBY CERTIFY, That I attended deceased from 24-10-1906 to 31-10-1906

that I last saw h alive on 31-10-1906,

and that death occurred, on the date stated above, at 4.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 14 (?) DAYS

Con'ributory (Primary.) Toxemia

(DURATION) 3? DAYS

(Signed) E. Mayfield Boyle M.D.

Address 1418 Jefferson Street.

Date 31st October 1906.

Place of Burial Mt Auburn

Date November 2 1906

Undertaker H. T. Elliott

Address 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

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94969

Registered No. B .....

City of Baltimore, (No. 1006, Necessity Alley, ; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Powell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Streets

(Address) 1006 Necessity alley

Filed 11/1 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Oct 31 1906

that I last saw her alive on 1906,

and that death occurred, on the date stated above, at 1 ?. M. The CAUSE OF DEATH was as follows:

Old age

.....(DURATION) ..... DAYS

Contributory Vertigo

.....(DURATION) ..... DAYS

(Signed) A. J. Freedom M. D.

Nov 1 1906 (Address) 918 E. Fayette st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Pr Cemetery

DATE OF BURIAL: Nov 2 1906

UNDERTAKER: J. F. Elliott

ADDRESS: 502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 923 Whatcoat St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Alwood Keys.

{ Residence, if in Baltimore, Give Street and Number. } 923 Whatcoat St —

Duration of Residence in Baltimore. Six months. B94970

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: 1856

AGE: ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ignatius Keys

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ida Foard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignatius Keys

(Address) 923 Whatcoat

Filed Nov 1st 1906 F. X. J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1st, 1906.

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1906 to Nov. 1st 1906.

that I last saw him alive on Oct 30th 1906.

and that death occurred, on the date stated above, at 1 A.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

over taxed heart —

(DURATION) — DAYS

Contributory (Primary.) Acute

Bronchitis — (DURATION) 7 DAYS

(Signed) J. Mortimer Hayes, M.D.

Address 901 N. Stricker St.

Date Nov. 1st, 1906.

Place of Burial Mt. Auburn Cem

Date Nov 2 1906

Undertaker Saml. H. Foard

Address 1011 N. Eutaw St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 614. S. Bethel St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Wolinski

{ Residence, if in Baltimore, Give Street and Number. } 614. S. Bethel St.

Duration of Residence in Baltimore. Life time B94971

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH Sept. 8 1903

AGE 3 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Alexander Wolinski

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Frances Kowalska

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Wolinski

(Address) 614 S. Bethel

Filed Nov 2nd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1906

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Nov 1 1906 that I last saw h— alive on Oct 31 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate) Acute bronchitis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Blenkenn M.D.

Address 16 S. Broadway

Date Nov 1 1906

Place of Burial Holy Rosary.

Date Nov. 3d 1906

Undertaker J. Lialkowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 94972 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Theo. Meyer

{ Residence, if in Baltimore, Give Street and Number. } 608 S Bond St

Duration of Residence in Baltimore..... Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan. 23 1906

AGE ..... years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balt. City

FULL NAME OF FATHER Theodor Meyer

BIRTHPLACE OF FATHER (State or country) Switzerland

MAIDEN NAME OF MOTHER Clara Quite

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodor Meyer

(Address) 608 S. Bond str.

Filed Nov 2nd 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29th 1906 to Oct 31st 1906

that I last saw him alive on Oct 31 1906,

and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 3 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E B Button M.D.

Address 1711 E Balto St

Date Nov. 1st 1906

Place of Burial Holy Rosary

Date Nov. 3d. 1906

Undertaker Jacob Trakowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

94973

Registered No. B .....

City of Baltimore, (No. 26, N. Amity St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Boom

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colord.
DATE OF BIRTH	April (Month) 16 (Day) 1831 (Year)
AGE	75 years, 6 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Edes
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Wash woman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Boom

(Address) 26 N Amity St

Filed Nov 2nd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 15 1906 to October 30 1906 that I last saw h.e.d. alive on October 30 1906, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Complete dilatation of Heart.

(DURATION) 2 DAYS

Contributory Mitral Regurgitation

(DURATION) DAYS

(Signed) J. E. Lang. M. D.

Nov 1 1906 (Address) 933 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Gaisville Med Rich Md

DATE OF BURIAL Nov 2nd 1906

UNDERTAKER Alfred J Freeland

ADDRESS 106 N Schroeder

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...ceased, and the ***cause and date of death.***

Ward..... Registered No. B 94974

CERTIFICATE OF DEATH.

(Place of Death.) No. 2229 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Milton Kidd Aldrich

{Residence, if in Baltimore, Give Street and Number.} 2229 Guilford Ave

Duration of Residence in Baltimore. 9 yrs.

B 94974

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 18. 1867
AGE	38 years, 10 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Wilmington. Del.
FULL NAME OF FATHER	Lucas. Aldrich
BIRTHPLACE OF FATHER (State or country)	Wilmington. Del
MAIDEN NAME OF MOTHER	Mary M. Cann
BIRTHPLACE OF MOTHER (State or country)	Kent. Co. Md
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Prentiss. M. D

(Address) 809. Gorsuch. Ave

Filed 11/2/ 1906 S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 1st 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7- 1906 to Nov - 1- 1906 that I last saw him alive on Oct 31 1906, and that death occurred, on the date stated above, at 11.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Liver

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809. Gorsuch. Ave

Date Nov - 1 - 1906 190

Place of Burial Chesterton, Md

Date Nov. 3rd 1906

Undertaker E. Madison Mitchell

Address 1201 W. Fayette, st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 94975 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary J. Hooper.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Holder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 30 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 27 1906 to Oct 30 1906 that I last saw h[illegible] alive on Oct 30 1906 and that death occurred, on the date stated above, at 11 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffused Interstitial Nephritis

Exhaustion of Uremia (DURATION) ..... DAYS

Contributory (Primary.) Oedema of lungs (DURATION) ..... DAYS

(Signed) Sterling Keatley M.D.

Address Bay View Hospital.

Date Oct 31 1906

Place of Burial Sacred Heart.

Date Nov. 2nd 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94976

CERTIFICATE OF DEATH.

(Place of Death.) No. 906 Pear Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Smith

{Residence, if in Baltimore, Give Street and Number.} 906 Pear alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Charles H. Smith

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Martha E. Lucas

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Smith

(Address) 906 Pear alley

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21 1906 to Oct 31 1906

that I last saw h[im] alive on Oct 30 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 10 DAYS

Contributory (Primary.) Phthisis Pul. (DURATION) DAYS

(Signed) H S McCard M.D.

Address 136 W Hill St

Date Oct 31 1906

Place of Burial Mt. Auburn Ct

Date Nov. 2d 1906

Undertaker J. L. Bruns[illegible]

Address 108 W. Montgomery st

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V VI

Registered No. B 94977

CERTIFICATE OF DEATH.

120

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lloyd Young

{Residence, if in Baltimore, Give Street and Number.} 207 Welcome Alley

Duration of Residence in Baltimore. 37 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	1
AGE	59 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	Virginia
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31. 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1905 to Oct. 31, 1906.

that I last saw him alive on Oct 31, 1906.

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 6 hrs

Contributory (Primary.) Nephritis

(DURATION) unknown DAYS

(Signed) Lamar McSweeny M.D.

Address Bay View Asylum

Date October 31. 1906.

Place of Burial National

Date Nov 2 nd 1906

Undertaker Wm J. Gladstone

Address 142 Baltimore St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 94978

46

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 N Charles St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Brown

{Residence, if in Baltimore, Give Street and Number.} 827 N. Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 26 1823

AGE 82 years, 10 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Francis Brown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Elizabeth Hillands

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Retired merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. Hillands Brown

(Address) Balto. & North Sts

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Oct 31 1906

that I last saw h in alive on Oct 31 1906,

and that death occurred, on the date stated above, at 12 05

a m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Embolism

(DURATION) 3 DAYS

Contributory (Primary) Gout (DURATION) Years DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date November 1 1906

Place of Burial Greenmount

Date Nov 3rd 1906

Undertaker Weisenthorn Bro Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

94979

Registered No. B.....

City of Baltimore, (No. 2116, Vine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Duffrin,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Aug 15 1834
To the best of my knowledge 1834
(Month) (Day) (Year)

AGE: 72 years, 2 months, (more or less) 16 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widow.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Gen'l House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua Miller

(Address) 2116 Vine St.

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1st 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 21st 1906 to Nov. 1st 1906 that I last saw her alive on Oct. 21st 1906, and that death occurred, on the date stated above, at 3.30 A. M. The CAUSE OF DEATH was as follows:

Catarrhal Pneumonia

(DURATION) 10 DAYS

Contributory Catarrhal Pneumonia

(DURATION) ..... DAYS

(Signed) W. Budden M. D.

Nov. 1st 1906 (Address) 914 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western | DATE OF BURIAL: Nov 3 1906

UNDERTAKER: Jos B Cook | ADDRESS: 103 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

167

CERTIFICATE OF DEATH.

(Place of Death.) No. Fourteen Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Stantawski

{ Residence, if in Baltimore, Give Street and Number. } 820 S. Rose St

Duration of Residence in Baltimore. 13 Yrs

B 99980

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 16 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Balto Md	
FULL NAME OF FATHER: Joseph Stantawski	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Michalina Matuszek	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Confinoer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Stantawski

(Address) 820 S. Rose St

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1906 that I last saw h alive on 1906 and that death occurred, on the date stated above, at 1 Pm

M. CAUSE OF DEATH (Secondary or Immediate) accidentally burning over entire body, clothes caught fire from gas jet in factory Nov 2nd 1906

Contributory (Primary) (DURATION) DAYS

(Signed) O'Brien Jones Coroner

Address

Date Nov 2nd 1906

Place of Burial St Stanislaus

Date Sunday Nov 4th 1906

Undertaker M. P. Dudrow & Sons

Address 703 S. Ann St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 94981 — Registered No. B

CERTIFICATE OF DEATH.

125

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Kirkner

{Residence, if in Baltimore, Give Street and Number.} 2308 Boston Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Kirkner

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Reicke

(Address) 16 S. Durham st.

Filed 10/2 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Nov 1 1906

that I last saw h[illegible] alive on Nov 1 1906,

and that death occurred, on the date stated above, at 6 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

General infection

Prostatic Abscess

(DURATION) DAYS

Contributory (Primary)

Prostatic abscess (DURATION) DAYS

(Signed) W. G. MacCallum M.D.

Address John Hopkins Hospital

Date Nov 1 1906

Place of Burial Western Cem.

Date Nov. 3" 1906

Undertaker Wendell Lippert & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 94982

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilhelmina Wilke

{ Residence, if in Baltimore, Give Street and Number. } 957 N. Bond Street

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: November 25 1837

AGE: 69 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Nicholas Wunderlich

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorte Kenow

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Wunderlich

(Address) 955 N. Bond St

Filed 11/2 1906 S.E.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Nov 1 1906

that I last saw her alive on Nov 1 1906,

and that death occurred, on the date stated above, at 3 25 P. M.

CAUSE OF DEATH (Secondary or Immediate)

General peritonitis

(DURATION) DAYS

Contributory (Primary.) Infected ovarian cyst

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hospital

Date Nov 1 1906

Place of Burial Baltimore Cemetery

Date November 3rd 1906

Undertaker Henry Lutz

Address 1007 W. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

D

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 94983

City of Baltimore, (No. 213 S. Bond St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Michael Lambert

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	April 1st 1850
AGE	56 years, 6 months, 31 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Maryland
FULL NAME OF FATHER	George Lambert
BIRTHPLACE OF FATHER (State or country)	Bavaria Germany
MAIDEN NAME OF MOTHER	Mary Burkhardt
BIRTHPLACE OF MOTHER (State or country)	Bavaria Germany
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Ries M.D.

(Address) 213 S. Bond St.

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Oct. (Day) 31st (Year) 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to Oct. 31st 1906 that I last saw him alive on Oct 31st 1906, and that death occurred, on the date stated above, at 4.20 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 weeks DAYS.

Contributory Asthenia

(DURATION) 2 weeks DAYS

(Signed) A. F. Ries M. D.

Nov. 1st 1906 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Carmel	Nov. 2 1906
UNDERTAKER	ADDRESS
H. Lauderdale	1711 Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

✓

Ward 07 — 94984 — Registered No. B ... 170

CERTIFICATE OF DEATH.

(Place of Death.) No. 1500 W Mulberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry H. Tillson

{Residence, if in Baltimore, Give Street and Number.} 1500 W Mulberry St

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 4 1820

AGE: 86 years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): London England

FULL NAME OF FATHER: Rand J. Tillson

BIRTHPLACE OF FATHER (State or country): London England

MAIDEN NAME OF MOTHER: Sarah L. Wood

BIRTHPLACE OF MOTHER (State or country): London England

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet A. Tillson

(Address) 1500 W. Saratoga St

Filed 11/2 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 1 1906

I HEREBY CERTIFY, That I attended deceased from 6 mos 6 days 190 to Nov 1 1906

that I last saw h im alive on Oct 30 1906,

and that death occurred, on the date stated above, at 10:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Nephritis

(DURATION) 6 mos 1 DAYS

Contributory (Primary) Cardiac failure 1 wk

(DURATION) ... DAYS

(Signed) E. D. Ellis M.D.

Address 615 Eutaw Street

Date Nov 1 1906

Place of Burial London Park

Date Nov. 3rd 1906

Undertaker Geo. J. Smith & Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 94985 — Registered No. B 65

CERTIFICATE OF DEATH.

(Place of Death.) No. 850 N Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James. Freeman

{Residence, if in Baltimore, Give Street and Number.} 850 W. Fayette St.

Duration of Residence in Baltimore. 75 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX male	COLOR white
DATE OF BIRTH	Jan 25th 1825
AGE	80 years, 10 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Thomas Freeman
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Ann Ballard
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Missionary

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Charles Allen

(Address) 750 W Fayette St

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2 1906

I HEREBY CERTIFY, That I attended deceased from May 1906 to Nov. 2 1906 that I last saw h. alive on Nov 1 1906, and that death occurred, on the date stated above, at 3 A.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Softening of Brain
6 mos. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. London M.D.

Address 1403 W Fayette St

Date Nov 2. 1906

Place of Burial London Park Cemetery

Date Monday Nov 5th 1906

Undertaker George J. Smith Co

Address 1000 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 94980 Registered No. B 8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothy Marie Bailey

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Mulatto

DATE OF BIRTH Sept. 10 1905

AGE 1 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2005 Madison Ave.

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Oct. 31 1906 that I last saw h[illegible] alive on Oct. 30 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Whoop. Cough

(DURATION) 25 DAYS

(Signed) Alexius McClannan M.D.

Address 2005 Madison Ave.

Date Oct. 31 1906

Place of Burial

Date 190

Undertaker

Address Heath Undertaker

UNIVERSITY OF MARYLAND. NOV 1 - 1906 MURRAY C. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PUR

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1/2

Ward .....

94987. Registered No. 94987

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Lottie Downing.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	Black.
DATE OF BIRTH	Oct 11. 1906
AGE	..... years, ... months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	Lottie Downing.
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 29. 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11. 1906 to Oct 29. 1906 that I last saw her alive on Oct 29. 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date Oct 31st. 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date Nov 1 1906

Commissioner Health

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

267

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. 6

CERTIFICATE OF DEATH.

(Place of Death.) No. 819 N. Gilham St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Frank Hoover B94988

{Residence, if in Baltimore, Give Street and Number.} 819 N. Gilham st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hoover

(Address) 819 N. Gilham

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Oct 31 1906

that I last saw him alive on " 1906,

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Central Hemorrhage

8 hours. (DURATION) DAYS

Contributory (Primary) Cerebral Paralysis (DURATION) 4th DAYS

(Signed) William J. Lyssell M.D.

Address 2002 Addison

Date Nov. 1. 06 1906

Place of Burial Pat Hill

Date Nov 2 1906

Undertaker Frank Gosch

Address [illegible] Gilham Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94989 Registered No. B 94989

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 711 S. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Francis Winslow

{ Residence, if in Baltimore, Give Street and Number. } 711 S. Rose St (Windsor)

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH Mar 11 1840

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Don't Know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Winslow

(Address) 711 S. Rose St

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31 1906

I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ 190 to ~~Oct~~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Sudlow Cumo M.D.

Address 320 h Lexington St Baltor & St

Date 190 6

Place of Burial Mt Carmel Cem

Date Nov 4 190 6

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

HARRY G. ANDREWS, PERMIT CLERK.

WM. F. CULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24th 94990 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1220 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur E. Lent

{Residence, if in Baltimore, Give Street and Number.} 1220 Hull

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 20 1906

AGE — years, — months, 13 days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER George E. Lent

BIRTHPLACE OF FATHER (State or country) U.S.

MAIDEN NAME OF MOTHER Sarah Timms

BIRTHPLACE OF MOTHER (State or country) U.S.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George E. Lent

(Address) 1220 Hull St

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Nov 1 1906

that I last saw him alive on Nov 1 1906,

and that death occurred, on the date stated above, at 6 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 3 DAYS

Contributory (Primary.)

Congenital Debility (DURATION) DAYS

(Signed) W. Lake M.D.

Address 1510 E. Fort Ave.

Date Nov 2d 1906

Place of Burial Mt Olivet

Date Nov 2 1906

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 94981 — Registered No. B 94981

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 801 E Baltimore St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John O'Donohue

{Residence, if in Baltimore, Give Street and Number.} 801 E Baltimore St

Duration of Residence in Baltimore. 44 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 70 years, —— months, —— days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John O Donohue

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Cook

(Address) 526 North Ave

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Nov 1 1906

that I last saw h alive on Nov 1 1906,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 2 DAYS

Con'ributory (Primary.) ——

(DURATION) —— DAYS

(Signed) Dr J Valentine M.D.

Address 16 N Bentley

Date Nov 2 1906

Place of Burial St Vincents Cem

Date November 3. 1906. 1906

Undertaker Wm Cook

Address 526 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 94993 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. [redacted] Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maurice Connor.

{Residence, if in Baltimore, Give Street and Number.} Kumrall Court

Duration of Residence in Baltimore. ~~Born~~ Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Oct 31 1906

that I last saw h[illegible] alive on Oct 31 1906

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) J. Sterling Keatley M.D.

Address Bay View Hospital.

Date Oct. 31 — 1906

Place of Burial Cathedral Cemetery

Date November 3 1906

Undertaker Daniel & Margt. G. Flynn

Address 420 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 94993 Registered No. B 171

CERTIFICATE OF DEATH.

(Place of Death.) No. 1201 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Timothy Mc Laughlin

{Residence, if in Baltimore, Give Street and Number.} 1201 Hull St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Don't know

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Saloon keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Mc Laughlin (wife)

(Address) 1201 Hull St

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw him alive on ——— 190,

and that death occurred, on the date stated above, at 4.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.) ✓

(DURATION) DAYS

(Signed) Otto M Feinhardt M.D.
Coroner

Address

Date November 1. 1906

Place of Burial Cathedral Cemetery

Date November 4 1906

Undertaker Carl & Margaret Flynn

Address 426 West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — Registered No. B 94994

94994

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Bolen

{ Residence, if in Baltimore, Give Street and Number. } ~~Walter Bolen~~ St Vincents Infant Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Oct. 6th 1906
AGE	..... years, ... months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Infy

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19th 1906 to Nov 1st 1906

that I last saw h.. alive on Nov 1st 1906

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) 13 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fraher M.D.

Address 15 E. Read St.

Date Nov. 2nd 1906

Place of Burial New Cathedral

Date Nov 2nd 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 — 94995 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Agnes Rud—

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	Sept. 19th 1906
AGE	..... years, 1 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 11/2 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 31st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29th 1906 to Oct 31st 1906

that I last saw h[illegible] alive on Nov 1 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

(DURATION) 33 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fails M.D.

Address 106 E. Read St.

Date Nov 2 1906

Place of Burial New Cathedral

Date Nov. 2nd 1906

Undertaker Martin Gahagan Co.

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 94996

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Grum B94996

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Oct. 7 1906
AGE	..... years, ... months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25th 1906 to Nov 1st 1906

that I last saw h.. alive on Nov 1st 1906,

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jos. Faber M.D.

Address 106 E. Read St

Date Nov 2nd 1906

Place of Burial New Cathedral

Date Nov. 2nd 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 94907 Registered No. B

CERTIFICATE OF DEATH.

14

(Place of Death.) No. 926 Warner Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Medora Boddy

{Residence, if in Baltimore, Give Street and Number.} 926 Warner Street.

Duration of Residence in Baltimore. 25 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: —— 1 ——

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Parran.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Gross

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Burke

(Address) 926 Warner St.

Filed 11/2 1906

HARRY O. ANDREWS, DEPUTY CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31. 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Oct. 31 1906 that I last saw her alive on Oct 31 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy

About 15 days (DURATION) DAYS

Contributory (Primary.) About this (DURATION) DAYS

(Signed) W. F. Lucas M.D.

Address 712 S. Ann St.

Date Nov 2 1906

Place of Burial Plum Point Calvert Co.

Date Nov. 3 1906

Undertaker John H. Toadvine

Address 216 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 94998 — Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 3604 Park Heights Av St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L Ellinger

{Residence, if in Baltimore, Give Street and Number.} 3604 Parks Heights Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Jany 3rd 1862

AGE: 43 years, 9 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: George W Spicer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Kindig

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Border

(Address) 3604 Park Heights Av

Filed Nov 3rd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 31st 1906

I HEREBY CERTIFY, That I attended deceased from Feb 16th 1904 to Oct 30th 1906

that I last saw her alive on Oct 30th 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

Tuberculosis of Larynx

Tuberculosis Lungs (DURATION) 2 Yrs DAYS

Contributory (Primary)

Tuberculosis (DURATION) 90 DAYS

(Signed) A E Rheinlb, M.D.

Address 1227 W Lafayette Ave

Date Nov 1st 1906

Place of Burial Greenmount Cem

Date Nov 3rd 1906

Undertaker M Fahey & Sons

Address 606 E Lafayette Ave

(ARTHUR C. ANDREWS, REGISTRY CLERK)

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his e, to furnish within ***eighteen hours after death,*** to the Undertaker, or other persou superintending the burial, a certificate ng forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ased, and the ***cause and date of death.***

Ward 4 — 94999 — Registered No. B 17

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Casey

{Residence, if in Baltimore, Give Street and Number.} 613 E. Lexington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	1
AGE	48 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Luke Cumming
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Sheny
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Casey

(Address) 108 N. Gold St.

Filed Nov 3rd 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 17th 1906 to Nov. 1st 1906

that I last saw her alive on Nov. 1st 1906

and that death occurred, on the date stated above, at 11th P. M. CAUSE OF DEATH (Secondary or ~~Immediate~~)

Carcinosis & Liver

(DURATION) DAYS

~~Contributory~~ (Primary.) Acute Toxemia

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date November 2nd 1906

Place of Burial Holy Cross Cemetery

Date November 3 1906

Undertaker J. Threndle

Address 15 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 B95000 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1301 N. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Carroll.

{Residence, if in Baltimore, Give Street and Number.} 1301 N. North ave

Duration of Residence in Baltimore. 23 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 29 - 1838

AGE: 68 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: John Allen

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Margaret Eagen

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nettie Carroll

(Address) 1301 N. North ave

Filed Nov 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29th 1906 to Nov 1st 1906 that I last saw her alive on Nov 1 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (2nd Stroke) (DURATION) 4 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. B. Link M.D.

Address 1313 N. North ave

Date Nov 1st 1906

Place of Burial St Johns Cemetery Long Green Md

Date Nov 3 1906

Undertaker Wm. M. Gaultrick

Address 901 N. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9500

City of Baltimore, (No. ~~1620~~ 1620 Light St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christina E. Demeree

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 27 1894 (Month) (Day) (Year)

AGE: 12 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Singer

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Saml. Demeree

BIRTHPLACE OF FATHER (State or country): Ivory

MAIDEN NAME OF MOTHER: Annie Anderson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: School Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Demeree

(Address) 1620 Light St

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Nov 2 1906

that I last saw h[illegible] alive on Nov 2 1906,

and that death occurred, on the date stated above, at 3 30 P. M. The CAUSE OF DEATH was as follows:

Syncope

Acute (DURATION) 2 DAYS

Contributory Spinal Meningitis (DURATION) 5 DAYS

(Signed) W. L. Campbell M. D.

Nov. 2 1906 (Address) 1644 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount | DATE OF BURIAL: Nov 4 1906

UNDERTAKER: John E. Evans & Co | ADDRESS: 1429 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, [illegible] condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95002

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 115, Catharine St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lewis Percel Ziegler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 30th (Day) 1906 (Year)

AGE: ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John C. Ziegler

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Bertha Leutz

BIRTHPLACE OF MOTHER (State or country): Wisconsin

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John C. Ziegler

(Address) 115 S. Catherine St.

Filed 11/31 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1906 to Nov. 2 1906

that I last saw h in alive on Nov. 2, 1906,

and that death occurred, on the date stated above, at 3 p. M. The CAUSE OF DEATH was as follows:

Congenital debility

..... (DURATION) ..... DAYS

Contributory Premature birth

..... (DURATION) ..... DAYS

(Signed) E. A. Dickey M. D.

Nov. 2, 1906 (Address) 2136 Frederick Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cem.	Nov 3rd 1906
UNDERTAKER: Mr. & Mrs. John W. Teufel	ADDRESS: 34 W. Cor. Fayette & Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 95003 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 W Lafcoat St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Bowser

{Residence, if in Baltimore, Give Street and Number.} 808 W Lafcoat St.

Duration of Residence in Baltimore. 77 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Negroe

DATE OF BIRTH: 1829

AGE: 77 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Henry Bowser

BIRTHPLACE OF FATHER (State or country): State of Maryland

MAIDEN NAME OF MOTHER: Does not know.

BIRTHPLACE OF MOTHER (State or country): State of Maryland

OCCUPATION OF DECEASED: Washing & Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Parker.

(Address) 808 W Lafcoat St.

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1906 to Oct 31st 1906.

that I last saw h.. alive on Oct 31st 1906,

and that death occurred, on the date stated above, at 10.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 14 DAYS

Contributory (Primary.) Senile

Dissolution — (DURATION) — DAYS

(Signed) J. Mortimer Hayes M.D.

Address 901 N. Stricker St.

Date Nov 2nd, 1906.

Place of Burial Mount Auburn Cem.

Date Nov 4 1906

Undertaker John H Owens & Son

Address 1222 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95004 Registered No. B 95004

CERTIFICATE OF DEATH.

(Place of Death.) No. 1533 Mc Elderry St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Friederica Hoffmeier

{Residence, if in Baltimore, Give Street and Number.} 1533 Mc Elderry St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 5 1836

AGE: 70 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. F. Hoffmeier

(Address) 1731 Wilkens ave

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1906 to Nov 2nd 1906

that I last saw h.. alive on Nov 2nd 1906

and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Valvular Dis Heart

(DURATION) 6 mos

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1533 Mc Elderry St

Date Nov 2nd 1906

Place of Burial Baltimore Cemetery

Date Nov 5 1906

Undertaker Louis Hemmann

Address 625 Washington

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95005

Registered No. B.....

City of Baltimore, (No. 1617 N. Fulton ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Paca

PERSONAL AND STATISTICAL PARTICULARS.

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER I. B. Hobbs

BIRTHPLACE OF FATHER (State or country) Howard Co Md

MAIDEN NAME OF MOTHER Katherine Hobbs

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. W. Paca.

(Address) 1617 N Fulton ave

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 31. 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 16 1906 to Oct. 31. 1906

that I last saw her alive on Oct 31 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Consumption

7 mo. (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) G. W. Slater M. D.

Nov. 1 1906. (Address) 1703 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Nov 2 1906
UNDERTAKER	ADDRESS
John J Fields	1202 W Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95006

Registered No. B .....

City of Baltimore, (No. 525 W Mulberry St.; 4th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara Baltzell Bixler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 9th (Day) 1825 (Year)

AGE: 50 years, 11 months, 24 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Baetzell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lydia Gist.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bixler

(Address) 525 Mulberry St.

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 26th 1906 to Nov 1st 1906 that I last saw h in alive on Nov 1st 1906, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cancer of Stomach and Liver

(DURATION) 69 DAYS

Contributory Starvation (DURATION) 5 DAYS

(Signed) Frank Myerson M. D.

Nov 1st 1906 (Address) 322 N Gay St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 5 1906

UNDERTAKER: Lewis J Harper

ADDRESS: 512 N Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 95007 — Registered No. B 95007

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 2229 Cleveland Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George A. Trewolla

{Residence, if in Baltimore, Give Street and Number.} 2229 Cleveland Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 2nd 1859
AGE	47 years, 9 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	John Trewolla
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Elizabeth Flynn
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Butter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Trewolla

(Address) 2229 Cleveland Place

Filed 11/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1st 1906

I HEREBY CERTIFY, That I attended deceased from October 27th 1906 to November 1st 1906

that I last saw h[illegible] alive on November 1st 1906,

and that death occurred, on the date stated above, at 12:15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy + Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia (Lobar)

(DURATION) 8 DAYS

(Signed) Albert S. Singewald M.D.

Address 1202 N. Patterson Park Ave

Date November 2nd, 1906

Place of Burial St. Peter's Cemetery

Date Nov. 5th 1906

Undertaker Germania Trust

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 95008 Registered No. B 20

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jannie Douglass

{Residence, if in Baltimore, Give Street and Number.} 1627 Division

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR ed

DATE OF BIRTH March 16 1877

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Caroline Co Va

FULL NAME OF FATHER Jerry Harris

BIRTHPLACE OF FATHER (State or country) Caroline Co Va

MAIDEN NAME OF MOTHER Edmonia Smith

BIRTHPLACE OF MOTHER (State or country) Caroline Co Va

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maud Harris

(Address) 1627 Division St

Filed 11/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1906

I HEREBY CERTIFY, That I attended deceased from April 18 1906 to Nov 2 1906 that I last saw h[illegible] alive on Nov 2 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Psoas Abscess

(DURATION) 1 [illegible] DAYS

Contributory (Primary.) Psoas Abscess

(DURATION) ..... DAYS

(Signed) H. S. McCard M.D.

Address 2005 E. Hall Ave

Date Nov 2 1906

Place of Burial Shiloh Baptist Church Caroline Co Va

Date 6th Nov 1906

Undertaker Samuel Wright

Address 1326 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1906 11 1670

Ward ..... 95069 Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 2112 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George B. Klug

{Residence, if in Baltimore, Give Street and Number.} 2112 E. Madison st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb. 5 1906

AGE ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Bernard Klug

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Catharine Wagner

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Klug

(Address 2112 E. Madison

Filed 11/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3rd (Nov 3rd) 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 3rd 1906 that I last saw him alive on Nov 2nd 1906, and that death occurred, on the date stated above, at 5:50 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) ..... DAYS

Contributory (Primary) Membranous Croup (DURATION) 2 DAYS

(Signed) Geo B Rayner M.D.

Address 809 N Charles st

Date Nov 6th 1906

Place of Burial Holy Redeemer

Date Nov. 4 1906

Undertaker J. J. Kerr

Address 1914 E. Fayette

WM. C. DULANY CO., BALTIMORE.

Female 9 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 10010

CERTIFICATE OF DEATH.

(Place of Death.) No. 2128 Fayette St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katherine Booker

{ Residence, if in Baltimore, Give Street and Number. } 2128 E. Fayette

Duration of Residence in Baltimore. Life B95010

PERSONAL AND STATISTICAL PARTICULARS

SEX: White. | COLOR: White.

DATE OF BIRTH: Jan 18 1860

AGE: 46 years, 9 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: George Meyers.

BIRTHPLACE OF FATHER (State or country): Gemany.

MAIDEN NAME OF MOTHER: Elizabeth Meyer.

BIRTHPLACE OF MOTHER (State or country): Gemany.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Brooker.

(Address) 2128 E. Fayette St.

Filed 11/3 1906

(HARRY C. ANDREWS) PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to November 1906 that I last saw h[illegible] alive on Nov. 1 1906 and that death occurred, on the date stated above, at.....

CAUSE OF DEATH (Secondary or Immediate)

Cancer of Uterus

(DURATION) One years

Contributory (Primary)

(DURATION) DAYS

(Signed) J. William Frazier M.D.

Address 1407 N Eutaw

Date November 2. 1906

Place of Burial Western Cemetary

Date November 5 1906

Undertaker Mrs Andrew Rohde & Son

Address 732 Fa Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95011 ~~95043~~ Registered No. B .....

CERTIFICATE OF DEATH. 95011

(Place of Death.) No. 1837 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Walter

{ Residence, if in Baltimore, Give Street and Number. } 1837 Harford Ave

Duration of Residence in Baltimore..... 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 13 1838

AGE 68 years, 4 months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER John Langham.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Barbara Ott

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Walter

(Address) 1837 Harford Av

Filed 11/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Nov 1st 1906

that I last saw h.. alive on Nov 1st 1906,

and that death occurred, on the date stated above, at 8.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 3 DAYS

Contributory (Primary) Cardiac disease

(DURATION) 10+ DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston

Date Nov 2. 1906

Place of Burial Perry Hall Balto. County

Date Nov. 4th 1906. 190

Undertaker A. Fink & Son

Address 915 N. Gay St

HARRY C. ANDREWS, PUBLIC CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95012

City of Baltimore, (No. 1305 Richardson St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Staffer

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December (Month) 2 (Day) 1905 (Year)
AGE	..... years, 11 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Martin Staffer
BIRTHPLACE OF FATHER (State or country)	Hungary
MAIDEN NAME OF MOTHER	Anna Schank
BIRTHPLACE OF MOTHER (State or country)	Hungary
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Staffer

(Address) 1305 Richardson St

Filed 11/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 27 Oct 1906 to 2nd Nov 1906 that I last saw her alive on 2nd Nov 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory Exhaustion

(DURATION) 6 DAYS

(Signed) James Cooper M. D.

2d Nov 1906 (Address) 822 Hull St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross. U & Co	Nov 3 1906
UNDERTAKER	ADDRESS
Jos. Hunterick	1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95013

Registered No. B

City of Baltimore, (No. 825, N. Fayette St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. Chandler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug (Month) 24 (Day) 1853 (Year)

AGE: 53 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Orange Co N.J.

FULL NAME OF FATHER: Harvey Chandler

BIRTHPLACE OF FATHER (State or country): N.J.

MAIDEN NAME OF MOTHER: Elizo Issac

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: Car Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L E Bruch

(Address) 825 N Fayette St

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Nov 2 1906

that I last saw him alive on Nov 1 1906,

and that death occurred, on the date stated above, at 3.45 A.M. The CAUSE OF DEATH was as follows:

Rheumatism (DURATION) 90 DAYS

Contributory Heart disease (DURATION) years DAYS

(Signed) Linn E Bruch M.D.

Nov 2 1906 (Address) 825 N Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Nov 5 1906

UNDERTAKER: Robt B Clark

ADDRESS: 803 N Gilmor

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95014

Registered No. B.....

City of Baltimore, (No. 5, Stafford Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Holley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: October 23 1906 (Month) (Day) (Year)

AGE: 0 years, 0 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. Holley

BIRTHPLACE OF FATHER (State or country): St Mary's Co Md

MAIDEN NAME OF MOTHER: Elsie Thomas

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Holley

(Address) 5 Stafford Lane.

Filed 11/3 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1906 to Nov. 1 1906

that I last saw h.. alive on Nov. 1 1906.

and that death occurred, on the date stated above, at 9-10 P. M. The CAUSE OF DEATH was as follows:

Infantile Convulsions (DURATION) 1 DAYS

Contributory

Hereditary Syphilis (DURATION) 9 DAYS

(Signed) Howard W Jam M. D.

Nov 1 1906 (Address) Dr...

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral bem: | DATE OF BURIAL: Nov. 3 1906

UNDERTAKER: C. W. Dill. | ADDRESS: 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95015

City of Baltimore, (No. 1379, N. Woodyear St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. W. C. Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: December 8. 1834 (Month) (Day) (Year)

AGE: 71 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Bell

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary - Bell -

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Cigar and Tobacco Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice V. Bell

(Address) 1379 N. Woodyear Av.

Filed 11/3 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 1st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 14th 1905 to October 31st 1906

that I last saw him alive on Oct. 31st 1906

and that death occurred, on the date stated above, at 5

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 2 years

Contributory Inability to take nourishment (DURATION) 5 DAYS

(Signed) William J. Sullivan M. D.

Nov 2nd 1906 (Address) 1607 N. Fulton Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 5 1906

UNDERTAKER: Wm. H. Gauthrop — ADDRESS: 901 W. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95016

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 95016

(Place of Death.) No. 820 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Novak 42

{ Residence, if in Baltimore, Give Street and Number. } 820 N. Broadway

Duration of Residence in Baltimore.. 23 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowe

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Vaclav Sedina

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sedina

(Address) 941 N. Schroeder St

Filed Nov 3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2 1906

I HEREBY CERTIFY, That I attended deceased from October 21st 06 to November 2nd 06

that I last saw h[illegible] alive on November 2nd 06

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Contributory (Primary) Acute Lobar Pneumonia (DURATION) 11 DAYS

(Signed) Paul L. A. Meyer M.D.

Address 1031 N. Caroline St.

Date November 2nd 1906

Place of Burial Holy Redeemer

Date Nov. 5 1906

Undertaker Frank Grad

Address 1914 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 Registered No. 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 21 N. Glover St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Blanch R. Holston

{ Residence, if in Baltimore, Give Street and Number. } 21 N Glover St

Duration of Residence in Baltimore. all life 95017

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Aug 3 1900

AGE: ..... years, 3 months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Howard H. Holston

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nellie ~~husband~~ Cummings

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. H. Holston

(Address) 21 N. Glover

Filed Nov 3 1906

HARRY G. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2 1906

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Nov 2 1906

that I last saw her alive on 11 4 1906

and that death occurred, on the date stated above, at 11:30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. O'Leary M.D.

Address 156 Hilton Ave

Date Nov 3 1906

Place of Burial Mt. Carmel Cem.

Date Nov. 4 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 S. Chester St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Ehrman.

{Residence, if in Baltimore, Give Street and Number.} 314 S Chester St 95018

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 29 1820

AGE: 76 years, 7 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Matthew Ehrman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosana Weller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Ehrman

(Address) 314 S. Chester St.

Filed Nov. 3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

Said

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 2 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Nov 2 1906

that I last saw h~~im~~er alive on Nov 2 1906,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) DAYS

Contributory (Primary.) acute Nephritis

(DURATION) 1 week

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date Nov 3 1906

Place of Burial Baltimore County

Date Nov. 5 1906

Undertaker ZIRKLER & ZIRKLER

Address 1739 E. Eager at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 19

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1106 Battery Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M Pfaff. 95019

{Residence, if in Baltimore, Give Street and Number.} 1106 Battery Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 14 1855

AGE: 51 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Pfaff

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: not known.

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Pfaff

(Address) 1106 Battery Ave

Filed Nov 5

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Nov 2 1906

that I last saw h[illegible] alive on Nov 1 1906,

and that death occurred, on the date stated above, at 9.20 A. M. CAUSE OF DEATH (Secondary or immediate)

Abscess of Lung

10 weeks (DURATION)

Contributory (Primary.) Consumption of Lungs (DURATION) 10 DAYS

(Signed) Theron Burke M.D.

Address 914 N Charles

Date Nov 5 1906

Place of Burial Holy Cross Cem.

Date Nov. 5 1906

Undertaker E Hark

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

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Ward 5 — 95020 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alex Schere

{Residence, if in Baltimore, Give Street and Number.} 111 Central Ave

Duration of Residence in Baltimore. 42 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 52 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Benzy Schere

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Bloom

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S Blanc

(Address) 153 Orleans st

Filed Nov 4th 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 2 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Nov 2 1906

that I last saw h.. alive on Nov 2 1906,

and that death occurred, on the date stated above, at 7.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Typhoid Fever

Intestinal Perforation (DURATION) DAYS

(Signed) John McF. Bergland M.D.

Address Johns Hopkins Hospital

Date 11/3 1906

Place of Burial Philip Rd Rosedale

Date Oct 3/4 1906

Undertaker Mat Levinson

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

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Ward ..... Registered No. B 95021

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Arthur H. Caulk

{ Residence, if in Baltimore, Give Street and Number. } Galena, Kent Co. Md.

Duration of Residence in Baltimore.

B95021

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	1
AGE	64 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married.
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Caulk.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Betsy
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hester Caulk

(Address) Galena, Md.

Filed Nov 4th 1906 Registrar

C. & P. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22, 1906 to Nov 3 1906, that I last saw h in alive on Nov 3 1906, and that death occurred, on the date stated above, at 4-0 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia.

(DURATION) 10 DAYS

Contributory (Primary.) Toxaemia

(DURATION) 6 DAYS

(Signed) C. C. Hanley M.D.

Address Md Gen. Hospital

Date Nov 3, 1906

Place of Burial Lawson Station Kent Co Md

Date Nov - 4 th 1906

Undertaker Wm M. Gauthier

Address 901 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE. 27

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95022

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2124 Division St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida M. Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... (Month) ..... (Day) 1883 (Year)

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER George M Jackson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Haney

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Haney 2124 Division St

(Address) 2124 Division St

Filed Nov 4 1906 J.D.J. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Nov 3 1906, that I last saw h.. alive on Nov 3 1906, and that death occurred, on the date stated above, at 8 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis

..... (DURATION) ..... DAYS

Contributory Pleurisy

..... (DURATION) ..... DAYS

(Signed) ..... M. D.

Nov 3 1906 (Address) 1303 W Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Nov 4 1906

UNDERTAKER Lancaster & Co | ADDRESS 102 E Mulberry

Felix B. Pyz

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the cause and date of death.

Ward 6 Registered No. B 95025

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Dead in patrols Mayors South Broadway St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Work

{ Residence, if in Baltimore, Give Street and Number. } 408 S Broad St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 14 1881

AGE 25 years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Work

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Ann Forwood

BIRTHPLACE OF MOTHER (State or country) Farmington County Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hannah E Forwood

(Address) 408 S Broad St

Filed Nov 4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw him alive on — 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Cummins M.D.

Address 320 S Broad St

Date Nov 6 1906

Place of Burial Mount Carmel Cemetery

Date Nov 6 1906

Undertaker Louis Neumann

Address 6 S Caroline St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B [illegible] 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1832. Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Anthony Brender

{ Residence, if in Baltimore, Give Street and Number. } 1832. Wilhelm

Duration of Residence in Baltimore. Life B95024

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH March 13 1863

AGE 43 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED. Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooke

(Address) 1204 W. Balto

Filed Nov 4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegic

(DURATION) 21 DAY

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Irvine Jones M.D.

Address Coroners Phd

Date Nov - 2nd 1906

Place of Burial New Cathedral cem

Date 11-5 190 6

Undertaker Robt. Brookes

Address 1204 W Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 Registered No. B 95025

CERTIFICATE OF DEATH.

(Place of Death.) No. 1017 W. Saratoga St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Francis Ann Sohler

{ Residence, if in Baltimore, Give Street and Number. } 1017 W. Saratoga St.

Duration of Residence in Baltimore. 5 Years

B 95025

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unk

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Do not know.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Do not know.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Buckman

(Address) 1017 W. Saratoga St

Filed Nov 4 1906

Registrar

DXL

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1906

I HEREBY CERTIFY, That I attended deceased from about 3 months ago 190— to Nov. 2 1906

that I last saw h— alive on Nov. 2 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uterine cancer

about 6 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. F. Shemwell M.D.

Address 2226 Madison Ave.

Date Nov. 3 1906

Place of Burial Loudon Park Cem

Date Nov 4 1906

Undertaker Jacob Ahrens & Co

Address 954 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 Registered No. B 9:026 166

CERTIFICATE OF DEATH.

(Place of Death.) No. 102 Baldwin, Woodberry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. P. Horgan

{Residence, if in Baltimore, Give Street and Number.} as above

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 4 1857

AGE: 49 years, 6 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: George George

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Susanna Adams

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Conductor-Penn. Ry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank George

(Address) 282 Roland Ave

Filed Nov 4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10.57 P. M. CAUSE OF DEATH (Secondary or Immediate

Shock, following injuries received while at work at Jas Pa. (Struck by Engine, accident) and Often ahin at his home by Dr Norman.

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. D. Ightharder Coroner M.D.

Address 211 W. Lanvale

Date Nov 2nd 1906

Place of Burial St. Marys-Hampden

Date November 4th 1906

Undertaker Horace Burgess

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

1906 Nov 9

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95027 HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95027

Registered No. B .....

City of Baltimore, (No. 1606, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Flanigan

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH May (Month) 24 (Day) 1863 (Year)

AGE ..... years, 17 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Robert Flanigan

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Louise Grebe

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Mosser

(Address) 1442 N Gay St

Filed Nov 4 190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Nov 27th 1906

that I last saw her alive on Nov 27th 1906

and that death occurred, on the date stated above, at 1.30 P.M. The CAUSE OF DEATH was as follows:

Whooping Cough

(DURATION) ..... DAYS

Contributory Bronchopneumonia

(DURATION) ..... DAYS

(Signed) Chas E. Talbert M.D.

Nov 29 1906 (Address) 1719 E Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 5 1906
UNDERTAKER	ADDRESS
Geo Mosser	1442 N Gay

WM. J. C. DULANY CO., BALTIMORE.

Female Monday Nov 5/06 at 2 o Clock P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 95028 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1410 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Martin

{ Residence, if in Baltimore, Give Street and Number. } 1410 Myrtle ave

Duration of Residence in Baltimore. 57 y.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Untenown 1846

AGE: at 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Kath Martin

Address 1410 Myrtle Ave

Filed Nov 4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2 1906

I HEREBY CERTIFY, That I attended deceased from last July 190 to ..... 190.....

that I last saw h[er] alive on Nov 2 1906,

and that death occurred, on the date stated above, at 7.45 a. m. CAUSE OF DEATH (Secondary or Immediate)

General collapse, Mitral regurgitant murmur and Chronic Nephritis

(DURATION) 21 DAYS

Con'tributory (Primary)

(DURATION) ..... DAYS

(Signed) Patrick J Martin M.D.

Address 649 W Lafayette Ave

Date Nov 4 1906

Place of Burial New Cathedral

Date Nov 5th 1906

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95029

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95029

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 503 Keys Court St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Fannie V. Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Nov. (Month) 4th (Day) 1905 (Year)

AGE: — years, 11 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James Jackson

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Lora Johnson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lora Jackson

(Address) 503 Keys Court

Filed Nov 4 1906

Registrar

WM. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 2nd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25th 1906 to Nov. 1st 1906

that I last saw her alive on " " 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Pneumonia (Broncho)

(DURATION) 8 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) F. C. Dawes M. D.

Nov. 3rd 1906 (Address) 14 N. Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 5th 1906
UNDERTAKER	ADDRESS
Theodore White	1708 Gough St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1802 Braddish Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie B. Coleman

{ Residence, if in Baltimore, Give Street and Number. } 1802 Braddish

Duration of Residence in Baltimore. 21 Yrs B 95030

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Nov 19 1867

AGE 39 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Geo H. Dye

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Julia Heffner

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R B Coleman Jr

(Address) 1802 Braddish Ave

Filed Nov 4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to Nov 2 1906 that I last saw her alive on Oct 30 1906 and that death occurred, on the date stated above, at 7-40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

(DURATION) 1 Yr

Contributory (Primary) Exhaustion

(DURATION) X DAYS

(Signed) M A Fain M.D.

Address 12 E. 25th St

Date Nov 3rd 1906

Place of Burial Louden Park

Date November 5th 1906

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eight hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95034

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH. 95034

Registered No. B.....

City of Baltimore, (No. 204 E. Randall St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mervin H. Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. (Month) 25th (Day) 1860 (Year)

AGE: 46 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Calvert County

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Brush Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Fowler

(Address) 964 E. Randall St.

Filed Nov 4 1906

Registrar

WM. J. C. DULANY CO. (BALTIMORE.)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 1st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 14 1906 to Nov 1st 1906

that I last saw h alive on Nov 1st 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Liver

about 8 Months
(DURATION) DAYS

Contributory Asthenia

(DURATION) 15 DAYS

(Signed) M. H. Fowler M. D.

Nov 2 1906 (Address) 126 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Nov 4 1906
UNDERTAKER	ADDRESS
John J. Fahey	1232 William

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 25 Registered No. B

CERTIFICATE OF DEATH. 95032 79

(Place of Death.) No. 41. W. West St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George E Russ

{ Residence, if in Baltimore, Give Street and Number. } 41 W. West St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH August 20 1906

AGE — years, 2 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John N. Russ 6

BIRTHPLACE OF FATHER (State or country) N C.

MAIDEN NAME OF MOTHER Mary L Cornish 6

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary L. Russ 6 (mother)

(Address) 41 W. West St

Filed Nov 4 1906 FXS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw it ... alive on ... 190 ...

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Chas Reinhardt M.D.

Address Coroner

Date November 7 1906

Place of Burial Mt Auburn

Date Nov 4 1906

Undertaker Jno H. Treadwell

Address 504 Windsor Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 Registered No. B 95063

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Frankenstyne Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Clarke

{Residence, if in Baltimore, Give Street and Number.} 844 Clifford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Black

DATE OF BIRTH 1

AGE ..... years, 13 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Geo. Clark

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Jones

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Clark

(Address) 844 Clifford St

Filed Nov 4 1906 JXJ Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 190 to Nov 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate) accidentally burned on many parts of whole body Shock

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Jones M.D. Coroner

Address

Date Nov 3rd 1906

Place of Burial Mount Olivet

Date Nov 5th 1906

Undertaker John Tadvine

Address 206 West hill St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 95034

CERTIFICATE OF DEATH.

(Place of Death.) No. 832 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia A. Taylor

{ Residence, if in Baltimore, Give Street and Number. } Balto. City, 832 N. Washington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 9 1827

AGE 79 years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Penn.

FULL NAME OF FATHER John Shoe

BIRTHPLACE OF FATHER (State or country) Penn.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E. Dolbert

(Address) 832 N. Washington St.

Filed Nov 4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1st, 1906.

I HEREBY CERTIFY, That I attended deceased from Oct 31, 1906 to Nov 1, 1906 that I last saw h[illegible] alive on Oct 31, 1906, and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Malaria &
Heart failure

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible], M.D.

Address [illegible] Broadway

Date Nov. 6, 1906.

Place of Burial Mt. Carmel Cem

Date Nov 4 1906

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Clinton Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95085

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95085 57

Registered No. B .....

City of Baltimore, (No. Convent S. M. Visitation Park Ave St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sr. M. Pulcheria Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March (Month) 18 (Day) 1811 (Year)

AGE 95 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) America U.S.

FULL NAME OF FATHER Samuel Baker

BIRTHPLACE OF FATHER (State or country) Kentucky

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) n. g

OCCUPATION OF DECEASED Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. de Sales

(Address) Park & Centre Sts.

Filed Nov 4 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 3d (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Nov 3 1906

that I last saw h.. alive on Nov 1 1906

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Old Age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Charles O'Donovan M.D.

Nov 4 1906 (Address) 105 E. Read St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. de Sales Cemetery	Nov. 5 1906
UNDERTAKER	ADDRESS
H. H. Justice Sons Co	233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95036

City of Baltimore, (No. 1427 E Chas St-1427 St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lida Parks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 3 (Month) (Day) 1 (Year)

AGE 14 hours
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Howard W Parks

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lida V Parks

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard W Parks

(Address) 1427 E Chas St

Filed 11/5 1906

Registrar

WM. J. C. DULANY CO. BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 5 a.m. Nov 3 1906 to 7 P.M. Nov 3 1906

that I last saw h[illegible] alive on Nov 3 1906,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Valvular Heart Disease

(DURATION) 14 hours DAYS

Contributory Premature birth

(DURATION) DAYS

(Signed) E. Michaux M. D.

Nov 4th 1906 (Address) 5 E. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Nov 5 1906
UNDERTAKER	ADDRESS
L E Evans	1428 E Chas St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 95037 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1337 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Roland Albert Singleton

{Residence, if in Baltimore, Give Street and Number.} 1337 N. Calhoun St.

Duration of Residence in Baltimore 5 months —

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Negro

DATE OF BIRTH June 1906

AGE 0 years, 5 months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland —

FULL NAME OF FATHER John Singleton

BIRTHPLACE OF FATHER (State or country) Balt. Md —

MAIDEN NAME OF MOTHER Do not know —

BIRTHPLACE OF MOTHER (State or country) Balt. Md —

OCCUPATION OF DECEASED Baby —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Singleton

(Address) 1337 N. Calhoun

Filed 11/37 1906

S2C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3rd, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 10th 1906 to Nov. 3rd 1906, that I last saw h/im alive on Oct 28th 1906, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure subsequent to chronic bronchitis

(DURATION) — DAYS

Contributory (Primary.) Chronic enteritis

(DURATION) 20 DAYS

(Signed) J. Mortimer Hayes M.D.

Address 901 N. Stricker St.

Date Nov. 3rd 1906

Place of Burial Laurel Cemetery

Date Nov 5 1906

Undertaker Robt J. Watt

Address 500 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 95038 — Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1418 Andre St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernestine Loose

{Residence, if in Baltimore, Give Street and Number.} 1418 Andre St

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 11 1892

AGE 13 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Theodore Loose

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Wilhelmine Bronk

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Loose

(Address) 1418 Andre St

Filed 11/2 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 4 1906

that I last saw her alive on Nov 4 1906

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate

Diphtheria (tonsils.) (DURATION) 5 DAYS

Contributory (Primary.)

Phlegmonous tonsillitis (DURATION) 5 DAYS

(Signed) P Kahn M.D.

Address 1510 E. Fort Ave

Date Nov 4th 1906

Place of Burial St. Paul's

Date Nov 5 1906

Undertaker Jos. Hunteberk

Address 1318 Light St.

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 95039 — Registered No. B 95039

CERTIFICATE OF DEATH.

(Place of Death.) No. Mayland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James addison

{Residence, if in Baltimore, Give Street and Number.} 1426 N Parish alley.

Duration of Residence in Baltimore. 37 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER James addison

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lawton

(Address) 2306 Harlton

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 1st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31st 1906 to Nov 1st 1906 that I last saw h alive on Nov 1st 1906, and that death occurred, on the date stated above, at 6.22 P. M. CAUSE OF DEATH (Secondary or Immediate)

Sepsis

(DURATION) DAYS

Contributory (Primary.) Epratoxis

(DURATION) 2 1 DAYS

(Signed) J. E Poulton M.D.

Address Mayland General Hospital

Date November 2nd 1906

Place of Burial Mt. [illegible] Nion

Date Nov 5 1906

Undertaker Wm. J. Johnson

Address 614 E Baker st

HARRY C. J. ANDREWS, PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Hospital

Ward X, 95040 Registered No. B 95040

137

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Ferguson.

{Residence, if in Baltimore, Give Street and Number.} 921 W. Fulton St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Frank Ferguson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Own Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Ferguson

(Address) Washington Rd Mt Winans.

Filed 11/5 1906 HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Nov 5 1906

that I last saw h alive on Nov 5 1906

and that death occurred, on the date stated above, at 3 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Puerperal Pyhicemia

(Pyhicemia) (DURATION) 13 DAYS

Contributory (Primary.) Pyhicemia

(DURATION) — DAYS

(Signed) W. G. Lack M.D.

Address Maryland General

Date Nov 5 1906

Place of Burial Greenmount Cem

Date November 7th 1906

Undertaker William Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 95041 — Registered No. B 95041

CERTIFICATE OF DEATH.

8

(Place of Death.) No. 309 S Hugh St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mary A. Jenkins

{Residence, if in Baltimore, Give Street and Number.} 309 S. Hugh

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 19 th 1906

AGE: 48 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: J. W. Jenkins

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Annie Cunningham

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. W. Jenkins

(Address) 309 S. Hugh St

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 4 th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1906 to Nov. 4 1906

that I last saw h[illegible] alive on . . 1906

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate

Whooping Cough

(DURATION) 30 DAYS

Contributory (Primary.) Same

(DURATION) DAYS

(Signed) J. L. Dunn M.D.

Address 1735 Bank

Date Nov 4 th 1906

Place of Burial Trinity Cem

Date Nov 5 1906

Undertaker Wendell Bullet & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 95042 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 E. Hoffman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lydia Willard

{Residence, if in Baltimore, Give Street and Number.} 1604 E Hoffman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. 4th 1906

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George Willard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lydia A. Miller

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Willard

(Address) 1604 E. Hoffman St.

Filed 11/5 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1906 to Nov. 4th 1906

that I last saw her alive on " " 1906,

and that death occurred, on the date stated above, at 6 P. M.

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) K. McS. Kelly M.D.

Address 930 McCulloh St.

Date Nov. 7th 1906

Place of Burial Baltimore Cem

Date Nov 5 1906

Undertaker M Doyle & Son

Address 17 E Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

66

CERTIFICATE OF DEATH.

Registered No. B 95043

City of Baltimore, (No. 1200, W North Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Kate A. Lewin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 67 years, ... months, ... days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): ~~Towson~~ York Pa ~~Md~~

FULL NAME OF FATHER: James Sinat

BIRTHPLACE OF FATHER (State or country): Towson Md U.S.A.

MAIDEN NAME OF MOTHER: Sarah Dr groff

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse F Lewin

(Address) 25 S Robert St

Filed 11/3 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 3d (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1906 to Nov 3 1906

that I last saw h er alive on Nov 3 1906;

and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

Paralysis -

(DURATION) 30 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas E. Sadtler M. D.

Nov 5 1906 (Address) 1415 Linden Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Cem Hgwd	November 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E North Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95044

City of Baltimore, (No. 2200, North Fulton Ave St.; Ward)
[If death occurred away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles W Rogers

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 21 (Day) 1848 (Year)
AGE	58 years, 7 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	New Jersey
FULL NAME OF FATHER	William Rogers
BIRTHPLACE OF FATHER (State or country)	New Jersey
MAIDEN NAME OF MOTHER	Harriet Pyeram
BIRTHPLACE OF MOTHER (State or country)	New Jersey
OCCUPATION OF DECEASED	Laundry

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Rogers

(Address) 2200 N. Fulton Ave

Filed 11/5 1906

BARRY C. ANDREWS, DEPUTY (CLERK)

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 1904 to Nov 3 1906, that I last saw him alive on Nov 2 1906, and that death occurred, on the date stated above, at 12.15 A. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) DAYS

Contributory Asthma

15 years (DURATION) DAYS

(Signed) Fred C Jewett M. D.

Nov 3 1906 (Address) 2208 N. Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov. 5 1906
UNDERTAKER Chas. E. Franck	ADDRESS 746 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — Registered No. B 9,045

9,045

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 603 W Lexington St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Dennis Degnan —

{ Residence, if in Baltimore, Give Street and Number. } 603 W. Lexington St —

Duration of Residence in Baltimore. Lifetime —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. — COLOR: W

DATE OF BIRTH: 1888

AGE: 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S —

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Thos. Degnan

BIRTHPLACE OF FATHER (State or country): Ireland —

MAIDEN NAME OF MOTHER: Mary Haul

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Steam Fitter —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fitzpatrick

(Address) 603 W Lexington St.

Filed 11/8 — 1906 — Registrar

HARRY O. ANDREWS, PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 — 3 — 1906

I HEREBY CERTIFY, That I attended deceased from 10 — 29 — 1906 to 11 — 2 — 1906 that I last saw h[im] alive on 11 — 2 — 1906, and that death occurred, on the date stated above, at 2.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Heart failure —

(DURATION) 1 DAY

Contributory (Primary.) Tuberculosis of Lungs — (DURATION) Months DAYS

(Signed) S. D'Emanco M.D.

Address 1604 Linden Ave

Date 11 — 3 — 1906

Place of Burial Mt. Peters —

Date Nov 6 1906

Undertaker Lowndes

Address 402 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 95046 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 Lansing Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine T. Strubel

{Residence, if in Baltimore, Give Street and Number.} 1711 Lansing Ave

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: — 1

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Strubel

(Address) 1711 Lansing Ave

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Nov 3rd 1906

that I last saw h[er] alive on Nov 3rd 1906,

and that death occurred, on the date stated above, at 1.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. F. Riley M.D.

Address 1637 Broadway

Date Nov 4th 190

Place of Burial Cathedral Cem

Date Nov 16 06 190

Undertaker Lowe & Son

Address 507 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 — 9504 — Registered No. B 9504

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lower

{ Residence, if in Baltimore, Give Street and Number. } 5 N. Bond St.

Duration of Residence in Baltimore. 27 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W.
DATE OF BIRTH	Aug. 21 — 1860
AGE	46 years, 2 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A. Lower

(Address) 5 N. Bond St

Filed 11/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 2nd 1906 that I last saw h[illegible] alive on Nov 2nd 1906 and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate

Uremic convulsions

(DURATION) DAYS

Con'tributory (Primary.) Nephritis —

Cirhosis & Liver (DURATION) DAYS

(Signed) H. C. Dorsey M.D.

Address City Hospital

Date November 2nd 1906

Place of Burial Baltimore Cem

Date Nov 5 1906

Undertaker Wm Cook

Address 502 E. Madison

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95048

Registered No. B

City of Baltimore, (No. Franklin Square Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ele Hewitt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug (Month) ..... (Day) 1833 (Year)

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Eli Hewitt

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Ann Coulter

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Hewitt

(Address) 419 N Carrollton Ave

Filed 11/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 4th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 4th 1906 that I last saw h in alive on Nov 4th 1906, and that death occurred, on the date stated above, at 10:30 P. M. The CAUSE OF DEATH was as follows:

Hemorrage (brain) into or pressing on the post limb of the middle capsule

(DURATION) 3 DAYS

Contributory Arteriosclerosis

(DURATION) Unk DAYS

(Signed) H. E. Bascom M. D.

1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 419 N Carrollton Ave How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Dy Resorder Wd — DATE OF BURIAL: Nov 6 1906

UNDERTAKER: E Madison Mitchell — ADDRESS: 1 Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 25049

City of Baltimore, (No. 1032 N Milton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Greenwood Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 13 (Month) (Day) 1888 (Year)

AGE 18 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER William A Parker

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Lina Horst

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Schoolgirl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Parker

(Address) 2200 Eastern Ave

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from About March 1906 to Nov 1st 1906 that I last saw h er alive on Nov 1st 1906, and that death occurred, on the date stated above, at 3 00 P M. The CAUSE OF DEATH was as follows:

Exhaustion due to Cardiac Insufficiency

(DURATION) two DAYS

Contributory Phthisis Pulmonalis

(DURATION) DAYS

(Signed) R P Carman M. D.

Nov 1 1906 (Address) 1701 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Carmel Cem | DATE OF BURIAL Nov 5 1906

UNDERTAKER L Sandu Son | ADDRESS 1710 Caroline

HARRY C. ANDRAE, REGISTRAR

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 22 95050 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 606 Elbow La. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Mary Anderson

{Residence, if in Baltimore, Give Street and Number.} 606 Elbow La

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Aug 30th 1906

AGE: ____ years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John Anderson

BIRTHPLACE OF FATHER (State or country): A. A. Co. Md.

MAIDEN NAME OF MOTHER: Mary Satterfield

BIRTHPLACE OF MOTHER (State or country): N. Y.

OCCUPATION OF DECEASED: Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Jones

(Address) 307 State St.

Filed 11/5 1906

HARRY C. ANDREWS (PERMIT CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 27th 1906 to Nov 3rd 1906

that I last saw her alive on Nov 3 1906,

and that death occurred, on the date stated above, at 3.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Funk M.D.

Address 1313 N. Northern

Date Nov 4th 1906

Place of Burial Laurel Cemetery

Date Nov 5 1906

Undertaker Geo. H. Foster

Address 609 Little Pacast

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 15 — 9505[illegible] — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 N Payson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Caroline Uber

{Residence, if in Baltimore, Give Street and Number.} 1720, N. Payson St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 8 1824

AGE: 82 years, 10 months, 1 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: Andrew Carrick

BIRTHPLACE OF FATHER (State or country): Frederick Co. Md.

MAIDEN NAME OF MOTHER: Catherine Rapp.

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 602 S Paca St.

Filed 11/5 1906 — HARRY C. ANDREWS, REGISTRAR OF VITAL STATISTICS — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Nov 1 1906 that I last saw her alive on Nov 1 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) S. McLungerin M.D.

Address 602 S. Paca St.

Date Nov 2 1906

Place of Burial Cedar Hill Cem

Date Mon. Nov 5 1906

Undertaker Wm. J. Tickner & Son

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95052

Registered No. B.....

City of Baltimore, (No. 1608 N. Gilmor St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Augustus Stobbs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec (Month) 21 (Day) 1838 (Year)

AGE: 67 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): maryland

FULL NAME OF FATHER: Louis Stobbs

BIRTHPLACE OF FATHER (State or country): ~~maryland~~

MAIDEN NAME OF MOTHER: Mattie Ogle

BIRTHPLACE OF MOTHER (State or country): maryland

OCCUPATION OF DECEASED: carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel A. Stobbs

(Address) 1608 N Gilmor

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 4 1906

that I last saw h[im] alive on Nov 3 1906.

and that death occurred, on the date stated above, at 5 30 P. M. The CAUSE OF DEATH was as follows:

Suffocation due to inability to expectorate the blood —

(DURATION) — DAYS

Contributory Hemorrhage of the lungs (DURATION) DAYS

(Signed) Claude Stonesifer M. D.

11/4 1906 (Address) 1655 Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Nov 6th 1906

UNDERTAKER: A F Phelbin — ADDRESS: 1711 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. B 95053

95053

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 W. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James R Hilson

{Residence, if in Baltimore, Give Street and Number.} 104 W. Chester St

Duration of Residence in Baltimore. About 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1852

AGE: 54 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Deals Island Somerset Co Md.

FULL NAME OF FATHER: James L. Hilson

BIRTHPLACE OF FATHER (State or country): Somerset Co Md.

MAIDEN NAME OF MOTHER: Margaret Horner

BIRTHPLACE OF MOTHER (State or country): Somerset Co Md

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George R. Price

(Address) 1812 E Fayette St

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5th 1906

I HEREBY CERTIFY, That I attended deceased from June 20 1906 to December 5th 1906

that I last saw h[illegible] alive on November 5th 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Didrum

(DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) H. Ross M.D.

Address 1835 E Baltimore St

Date November 5 1906

Deals Island

Place of Burial Somerset Co Md

Date November 6 1906

Undertaker Holden Fuller

Address 2012 E Baltimore St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — 93054 — Registered No. B 93054

CERTIFICATE OF DEATH.

(Place of Death.) No. 660 W. Raborg St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of Lottie

Full Name ~~Baby~~ Elberts. (surname)

{ Residence, if in Baltimore, Give Street and Number. } 660 W. Raborg St. Balto. Md.

Duration of Residence in Baltimore. 11 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 25 1906

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: William Clyde.

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Lottie Ebberts.

BIRTHPLACE OF MOTHER (State or country): Baltimore city.

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lottie Ebberts.

(Address) 660 W. Raborg St.

Filed 11/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 25 1906 to Nov 4 1906

that I last saw h~~er~~ alive on Nov 4 1906,

and that death occurred, on the date stated above, at 5 a m. CAUSE OF DEATH, (Secondary or Immediate)

Immature.

(DURATION) 11 DAYS

Contributory (Primary.) Premature Birth

(DURATION) ~~440~~ DAYS

(Signed) Wm E. Tyson. M.D.

Address 622 W. Lombard St.

Date Nov 5th 1906

Place of Burial London Park

Date 11-6 1906

Undertaker Robt Bowlsen

Address 1204 W Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 95055 — Registered No. B 95055

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thany Hall

{Residence, if in Baltimore, Give Street and Number.} 1333 Woodyear St

Duration of Residence in Baltimore. Ten Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1875

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Mary Land

FULL NAME OF FATHER: Jas Thomas

BIRTHPLACE OF FATHER (State or country): Mary Land

MAIDEN NAME OF MOTHER: Emma Wallace

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Hall

(Address) 1333 Woodyear St

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Nov 4 1906

that I last saw h[er] alive on Nov 3 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) 90 DAYS

Con'rlbutory (Primary.)

Pneumonia (DURATION) 30 DAYS

(Signed) T. E. Daughady M.D.

Address 2506 Pennsylvania Ave

Date Nov 6 1906

Place of Burial Mt Auburn

Date Nov 6th 1906

Undertaker Alex Hendry

Address 578 N Bigadl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95056

City of Baltimore, (No. 537 Gold St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine L. Snowell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 12 (Day) 1840 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James McGuigan

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Catherine

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas L Snowell

(Address) 537 Gold

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 4th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st, 1906 to Nov. 4th, 1906 that I last saw her alive on Nov. 4th, 1906, and that death occurred, on the date stated above, at 10.00 P. M. The CAUSE OF DEATH was as follows:

Chronic Bright's Disease with Cardiac enlargement & Dropsy.

(DURATION) 6 Months,

Contributory Increasing Dyspnoea and Cyanosis (DURATION) 4 DAYS

(Signed) Wm E. Miller M. D.

Nov 5th, 1906 (Address) 2329 Fawn. Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. | DATE OF BURIAL: Nov 7th 1906

UNDERTAKER: Geo Bautz | ADDRESS: 519 N Bridge St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 9505? Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 607 S. Bethel St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stanislaus Smialek

{ Residence, if in Baltimore, Give Street and Number. } 607 S Bethel St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH October 28 1906

AGE — years, — months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

BIRTHPLACE (State or country) [redacted] Baltimore City

FULL NAME OF FATHER Wladislaw Smialek

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER Mary Wlesny k

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Smialek

(Address) 607 S Bethel St

Filed 11/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Nov 4 1906

that I last saw him alive on Nov 1 1906,

and that death occurred, on the date stated above, at 1 p.m. CAUSE OF DEATH (Secondary or Immediate)

Immature

(DURATION) Life DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) L Blades M.D.

Address 1436 Bway

Date Nov 4 1906

Place of Burial Holy Rozary

Date Nov. 5 1906

Undertaker Jacob Fialkowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 95058 — Registered No. B 95058

CERTIFICATE OF DEATH.

(Place of Death.) No. 2015 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Brady.

{ Residence, if in Baltimore, Give Street and Number. } 2015 Druid Hill Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Richard Brady

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Hannah Smith

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Brady

(Address) 2015 Druid Hill Ave.

Filed 11/5 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept 19 1906 to Nov 3 1906 that I last saw him alive on Nov 3 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Parenchymatous Nephritis (DURATION) 50 DAYS

Contributory (Primary.) Acute Nephritis (DURATION) ..... DAYS

(Signed) H.S. McCard M.D.

Address 136 W Hill

Date Nov 5 1906

Place of Burial Mt. Auburn Cem.

Date November 6, 1906

Undertaker John H. Toadvine

Address 206 W. Hill Street

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 95059 — Registered No. B 95059

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum, St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Rachael Brooks

{Residence, if in Baltimore, Give Street and Number.} 910 Peach al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Washing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Su

(Address) BAY VIEW ASYLU

Filed 11/5 1906 — HARRY O. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 2 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1906 to Nov. 2 1906

that I last saw h[illegible] alive on Nov 2 1906

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis.

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage (DURATION) DAYS

(Signed) J Thurlow Piatt M.D.

Address Bay View Hospital

Date Nov. 2 1906

Place of Burial Mount [redacted]

Date Nov. 5 1906

Undertaker Lahmeyer & Toadvine

Address 206 West Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 05060

City of Baltimore, (No. 2557, McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertie P Williams

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Whit-

DATE OF BIRTH April (Month) 2 (Day) 1869 (Year)

AGE 37 years, 7 months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Wm A. Burgess

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Sarah A. Burgess

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar R. Williams

(Address) 2557 McCulloh St

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 8 1906 to Nov 3 1906

that I last saw h- alive on Nov 2 1906.

and that death occurred, on the date stated above, at 6 xx A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) A C Pole M. D.

Nov 3 1906 (Address) 2038 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St. Mary's Hampden

DATE OF BURIAL Nov 6 1906

UNDERTAKER Coman Burgess

ADDRESS 363 Fallsway

HARRY O. ANDREWS, REGISTRAR OF VITAL STATISTICS, CLERK.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95061

Registered No. B

City of Baltimore, (No. 244 Roland Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harry Cheney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July (Month) 21 (Day) 1906 (Year)

AGE: — years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Carrol E. Cheney

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Grace A. Fisher

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrol E. Cheney

(Address) 244 Roland Ave

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Nov 4 1906 that I last saw h. in alive on Oct. 31 1906, and that death occurred, on the date stated above, at 10.10 A. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 9 DAYS

Contributory Exhaustion

(DURATION) ? DAYS

(Signed) Harry C. Blyne M. D.

Nov 4 1906 (Address) 940 Roland Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Hampden

DATE OF BURIAL: Nov 5 1906

UNDERTAKER: Howard Burgess

ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 95062 — Registered No. B 95062 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Green

{Residence, if in Baltimore, Give Street and Number.} 720 N. Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 5'2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Abraham. Green

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Hawkster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 720 N Durham

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 — 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 — 1906 to Nov 4 — 1906

that I last saw him alive on Nov 3 — 1906,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthenia

(DURATION) 10 DAYS

Con'ributory (Primary.) Bronchitis

Malarial fever about (DURATION) 20 DAYS

(Signed) W. E. Harris M.D.

Address 1344 Druid Hill Ave

Date Nov 4 — 1906

Place of Burial Laurel

Date November 6 1906

Undertaker N. F. & E. Cluff.

Address 502 Polyers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 95063 — Registered No. B 95063

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Hillen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lillian Pinder

{ Residence, if in Baltimore, Give Street and Number. } 826 Hillen St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Richard Pinder

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary J Askins

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Pinder

(Address) 826 Hillen St

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Nov 2 1906 that I last saw her alive on Nov 1 1906 and that death occurred, on the date stated above, at 6.34 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

Abt 10 hours

Asthenia (DURATION) 10 DAYS

Contributory (Primary.) About 10 months (DURATION) DAYS

(Signed) C K Florence M.D.

Address 712 S Stiles St

Date Nov 3rd 1906

Place of Burial Saint Leonards

Date Nov 5 1906

Undertaker R A Elliott

Address 830 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 95064 — Registered No. B 95064

CERTIFICATE OF DEATH.

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(Place of Death.) No. 1105 Allens Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Banks

{Residence, if in Baltimore, Give Street and Number.} 110 s Allen Alley (1105) Lived + died there

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 55 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant .....

(Address) .....

Filed 11/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 1st 1906

I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ 1900 to ~~Oct~~ 1900

that I last saw him alive on ..... 190....,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

(DURATION) ..... DAYS

Con'tributory (Primary)

(DURATION) ..... DAYS

(Signed) Thomas Sudler M.D.

Address 320 N Gilmor St

Date ..... 190...

Place of Burial UNIVERSITY OF MARYLAND

Date NOV 2 - 1906 190...

HARRY O. ANDREWS (Sanitary Inspector Health)

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 95065 Registered No. B 95065

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 781 W Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daisy Addison

{ Residence, if in Baltimore, Give Street and Number. } 781 W Pratt St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX F	COLOR W
DATE OF BIRTH 1	
AGE 30 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED S.	
BIRTHPLACE (State or country) —	
FULL NAME OF FATHER —	
BIRTHPLACE OF FATHER (State or country) —	
MAIDEN NAME OF MOTHER —	
BIRTHPLACE OF MOTHER (State or country) —	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 23 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Alcoholism

Sudden (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date Nov 2 1906

Place of Burial

Date 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

Body at Morgue

UNIVERSITY OF MARYLAND
NOV 2 - 1906
Commissioner Health
FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

yb

Ward 15 95066 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. 1808 Carrie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Ella & Edwd. Dorn

{ Residence, if in Baltimore, Give Street and Number. } 1809 Carrie St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Nov. 1st 1906

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward Dorn

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ella Norman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwd Dorn

(Address) 1809 Carrie Ave.

Filed 11/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Silas Bozman M.D.

Address 700 Laf. Ave. (Corner)

Date Nov. 3rd 1906

Place of Burial .....

Date Nov 5 1906

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

26 8

Health Dept. Notified

• SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

• SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 95067 Registered No. B 95067

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Viola Abernethy.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/8 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 — 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 27 1906 to Nov. 2 1906

that I last saw her alive on Nov. 2 1906

and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) J. Sterling Hearthy M.D.

Address Bay View Hospl.

Date Nov. 2 1906

Place of Burial .....

Date Nov 3 1906

Undertaker William H. Woodin

Address 1811 Aiken St

UNIVERSITY OF MARYLAND
ANATOMICAL

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

268

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95068

City of Baltimore, (No. 736, W. Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME infant of Fannie Blake Jones unnamed foetus 5½ months (about)

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	11 (Month) 3 (Day) 1906 (Year)
AGE	about 2 hours. ✓ years, ✓ months, ✓ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Walter Edward Jones
BIRTHPLACE OF FATHER (State or country)	Germantown Pa.
MAIDEN NAME OF MOTHER	Fannie Blake Jones
BIRTHPLACE OF MOTHER (State or country)	Pontiac, Mich.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Fannie Blake Jones

(Address) 736 W. Saratoga St.

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 3 1906

that I last saw h im alive on Nov 3 1906,

and that death occurred, on the date stated above, at 4 p. m. The CAUSE OF DEATH was as follows:

premature birth superinduced by accidental fall down steps by mother on Oct 31st 1906 - rupturing "bag of waters" (DURATION) 2 hours ~~DAYS~~

Contributory lack of physical formation (DURATION) 2 hours ~~DAYS~~

(Signed) R. B. Wilson Jr. M. D.

Nov 3 1906 (Address) 821 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence traveling How long at Place of Death? 2 hours ~~Days~~

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND.	NOV 5 1906
UNDERTAKER	ADDRESS
Commissioner Health.	Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V

95069 Registered No. B 95069

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Holmes

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Black

DATE OF BIRTH Sept. 15 1902

AGE 4 years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McElwaine

(Address) 2005 Madison Ave.

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Nov. 5 1906

that I last saw her alive on Nov. 2 1906,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 33 DAYS

(Signed) Alexius McElwaine M.D.

Address 2005 Madison Ave

Date Nov. 5 1906

UNIVERSITY OF MARYLAND.
NOV 5 - 1906

Place of Burial

Date 190

Commissioner Health.

Undertaker

Address Howell Funeral Home

HARRY C. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward..... 95070 *Registered No. B* 95070

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* Bay View Asylum. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matthew Coseley

{ *Residence, if in Baltimore, Give Street and Number.* }.....

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 70 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 30 1906 to Nov 2 1906

that I last saw h in alive on Nov 2 1906

and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstitial Nephritis, Pulmonary Tuberculosis, Tuberculous Pneumonia (DURATION) ..... DAYS

Contributory (Primary.) Hemorrhage from lung. (DURATION) ..... DAYS

(Signed) Harold Williamson, M. D.

Address Bay View Hospital,

Date Nov 2. 1906.

Place of Burial UNIVERSITY OF MARYLAND.

Date NOV 3 1906 1906

Undertaker William L. Woodyer

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 — 95071 — Registered No. B 95071

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2224 E. Hoffman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Lotta E. Kohleder

{Residence, if in Baltimore, Give Street and Number.} 2224 E. Hoffman st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 20 1874

AGE: 30 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Reifs

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Morrow

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles F. Kohleder

(Address) 2224 E. Hoffman st

Filed 11/5 1906

HARRY G. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 3 1906 190

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Nov 3 1906

that I last saw h— alive on Nov 2 1906,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis Pulmonalis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Thos Bond M.D.

Address 130 Patterson Park Ave.

Date NOV 3 1906 190

Place of Burial Mt. Olivet Cem.

Date NOV 6 1906 190

Undertaker Wm. F. Fry

Address 801 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 95072 — Registered No. B 95072 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 1534 Linden Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Conner

{Residence, if in Baltimore, Give Street and Number.} 1534 Linden Ave.

Duration of Residence in Baltimore. 68 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH 1838

AGE 68 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Conrad Souder

BIRTHPLACE OF FATHER (State or country) Philadelphia

MAIDEN NAME OF MOTHER Ann Souder

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mc Cready

(Address) 1534 Linden Ave

Filed 11/5 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3rd 1906.

I HEREBY CERTIFY, That I attended deceased from June 1906 to Nov 3 1906.

that I last saw h er alive on Nov 2 1906,

and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) Ten DAYS

Contributory (Primary.) Carcinoma of Colon (DURATION) 8 mos

(Signed) Chas N Learned M.D.

Address 1327 Park Ave

Date Nov 1x 6 1906

Place of Burial Greenmount Cemetery

Date Nov - 6 1906

Undertaker Wm M Gaunthrop

Address 901 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9563

City of Baltimore, (No. (Eastern Place) Oak Hall Ave & Liberty road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert J. Franklin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. (Month) 4 (Day) 1906 (Year)

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John F. Franklin

BIRTHPLACE OF FATHER (State or country): Carroll, Co. Md

MAIDEN NAME OF MOTHER: Margaret Neusbaum

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Truck Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lydia Franklin

(Address) Oak Hall Liberty road

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1906 to Nov. 4 1906

that I last saw him alive on " 4 1906,

and that death occurred, on the date stated above, at 6.30 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

About 1 yr.

(DURATION) ..... DAYS

Contributory Uraemic convulsions

& Coma. (DURATION) 3 DAYS

(Signed) Chas. C. Conser M. D.

11/5 1906 (Address) 1113 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Nov 6 1906

UNDERTAKER: George J. Smith & Co | ADDRESS: 1000 Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95074

City of Baltimore, (No. 1612, W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Retteau Harrison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 2 1834 (Month) (Day) (Year)

AGE: 72 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Retteau

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alva H. Schuyler

(Address) 1612 W. Fayette St

Filed 11/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Nov~~ Nov 4, ~~Nov~~ 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 29 1906 to Nov 4 1906

that I last saw h.. alive on Nov 3 1906,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis with Asthma

Indefinite (DURATION) ~~5~~ DAYS

Contributory Old Age (Asthenia) (DURATION) DAYS

(Signed) J. E. Boyd M. D.

Nov 4 1906 (Address) 1715 N. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Washington D. C.

DATE OF BURIAL: Nov 6th 1906

UNDERTAKER: George J. Smith Co

ADDRESS: 1000 Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5

Registered No. B 95075

95075

106

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 N Exeter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Jane Woodward

{Residence, if in Baltimore, Give Street and Number.} 507 N Exeter

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore M. d.

FULL NAME OF FATHER: James Fields

BIRTHPLACE OF FATHER (State or country): Baltimore M. d.

MAIDEN NAME OF MOTHER: Mary Bevans

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Carol

(Address) 453 Oxford Av

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 4th 1906

that I last saw her alive on Nov 3rd 1906,

and that death occurred, on the date stated above, at 9 1 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 22 DAYS

(Signed) Chas. Reynolds M.D.

Address 509 N Charles

Date Nov 4th 1906

Place of Burial Baltimore Cemetery

Date Nov. 6th. 1906

Undertaker Henry Hoerle Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

THE PHYSICIAN WHO ATTENDED DURING HIS OR HER LAST SICKNESS, OR THE CORONER, WHEN THE CASE COMES UNDER HIS NOTICE, TO FURNISH WITHIN **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 95076 — 95076 — Registered No. B 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 N. Central Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martin Klein

{Residence, if in Baltimore, Give Street and Number.} 922 N Central Ave

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Adam Klein

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eva Kertz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Klein

Address 922 N. Central Ave.

Filed 11/5 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1906 to Nov. 4, 1906

that I last saw him alive on Nov. 4, 1906

and that death occurred, on the date stated above, at 3.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Weakness of the heart

(DURATION) 3 DAYS

Contributory (Primary) Cardiac Lesions (DURATION) 7 years

(Signed) J. J. Rebold M.D.

Address 1001 Iroquois Ave

Date Balto. Nov. 5. 1906.

Place of Burial Holy Redeemer Cemetery

Date November 6 1906

Undertaker Henry Hoeck & Son

Address 130 E Eager St.

WM. J. C. DULANY CO. Engravers

HENRY O. HARRIS, PERMIT CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95077 Registered No. B 95077

CERTIFICATE OF DEATH.

(Place of Death.) No. 1609. E. Pratt. St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number

Full Name Josie Hankowsky

{ Residence, if in Baltimore, Give Street and Number. } 1609. E. Pratt St.

Duration of Residence in Baltimore. Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 4 years, (4) months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Morris Hankowsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Rasmisbotsky

BIRTHPLACE OF MOTHER (State or country) Russia.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Hankowsky

(Address) 1609 E Pratt St

Filed 11/8 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 5th 1906

I HEREBY CERTIFY, That I attended deceased from Novemb. 2 1906 to Nov. 5 1906

that I last saw him alive on Nov. 5 1906

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Dysentery

(DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Fleischer M.D.

Address 1119. E. Balto St

Date Nov. 5th 1906

Place of Burial Philips Rd Cemetery

Date Nov 6, 1906

Undertaker Wm Feinour

Address 132 Lee St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 E. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George D. Wardrow

{Residence, if in Baltimore, Give Street and Number.} 1612 E Calvert st

Duration of Residence in Baltimore. 3 yrs. B 95078

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Aug 4 1843

AGE: 61 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): W. Va. (Wheeling)

FULL NAME OF FATHER: Simion D. Wardrow

BIRTHPLACE OF FATHER (State or country): Ft Kenyon

MAIDEN NAME OF MOTHER: Elizabeth Duty

BIRTHPLACE OF MOTHER (State or country): Ft Kenyon

OCCUPATION OF DECEASED: Asst Eng B. & O. R.R. Co.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude E. Wardrow

(Address) 1612 E. Calvert st.

Filed Nov 6th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h— alive on — 190—

and that death occurred, on the date stated above, at 5-30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of heart.

(DURATION) 3 yrs DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E. Caroline st

Date Nov. 5 1906

Place of Burial Chambersburg Pa

Date Nov. 6 1906

Undertaker E. M. Mitchell

Address 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 16

Registered No. B 95079

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 927 N Mount St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy M. Matthews

{Residence, if in Baltimore, Give Street and Number.} 927 N Mount St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH Feby 18 1851

AGE 54 years, 8 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Matthews

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Juliette Newton

BIRTHPLACE OF MOTHER (State or country) England

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. J. Thompson

(Address) 927 N Mount St

Filed Nov 6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 1906

I HEREBY CERTIFY, That I attended deceased from May 1906 to Nov 3rd 1906 that I last saw h-- alive on Nov 2nd 1906, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma (Liver)

Indefinite (DURATION) DAYS

Contributory (Primary.) Drantium

(DURATION) DAYS

(Signed) A. L. Dorris M.D.

Address 900 N Fulton

Date Nov 4th 1906

Place of Burial Metzgar's

Date 1906

Undertaker W. J. Pattison & Son

Address Lanvale & Pine

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 Registered No. B 95080 159

CERTIFICATE OF DEATH.

Place of Death.) No. [redacted] 624 E. Balt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph B. Matthews

{ Residence, if in Baltimore, Give Street and Number. } Greensborough N C.

Duration of Residence in Baltimore. Lon-resident

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH Nov 5- 1870

AGE 36 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER B. W. Matthews

BIRTHPLACE OF FATHER (State or country) N. C.

MAIDEN NAME OF MOTHER Edith Johnson

BIRTHPLACE OF MOTHER (State or country) N C.

OCCUPATION OF DECEASED Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward C Matthews

(Address) Durham N C.

Filed Nov 6th 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5- 1906

I HEREBY CERTIFY, That I attended deceased from Sudden 190 death 190

that I last saw him alive on — 190 —,

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Suicide —

Pistol-shot wound in the head

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D Haydon M.D.

Address 1216 N. Carolina Ave Durham

Date Nov. 6- 1906

Place of Burial Greensborough N C.

Date November 6th 1906

Undertaker Evans & Spence

Address 187 120. W. Mt Royal ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 95081 — Registered No. B 95081

CERTIFICATE OF DEATH.

(Place of Death.) No. 1315 N. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. Bush

{ Residence, if in Baltimore, Give Street and Number. } 1315 N. Monroe st.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 10th 1886

AGE: 20 years, 6 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jas. Bush.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Hattie Hill

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Bush

(Address) 1315 N. Monroe

Filed Nov 6 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22nd 1906 to Nov 4th 1906

that I last saw him alive on Nov 3 1906,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Phthisis DURATION Not known

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Lentz M.D.

Address 1313 N. Monroe

Date Nov 5th 1906

Place of Burial Laurel Cemetery

Date Nov 6 1906

Undertaker W. J. Johnson

Address 610 Baker st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95082 Registered No. B 95082

CERTIFICATE OF DEATH.

146

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William T Barnett

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Dont Know

FULL NAME OF FATHER: ..

BIRTHPLACE OF FATHER (State or country): ..

MAIDEN NAME OF MOTHER: ..

BIRTHPLACE OF MOTHER (State or country): ..

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 23 1906 to Nov. 4 1906

that I last saw h.. alive on Nov. 4 1906

and that death occurred, on the date stated above, at 11 20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Osteomyelitis

Broncho Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J Sterling Beatty M.D.

Address Bay View Hospital

Date Nov. 4 1906

Place of Burial Asbury

Date Nov 6 1906

Undertaker Wm J G Jackson

Address 1420 Mc Elderry Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95083 Registered No. B 95083

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 2324 Essex - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Morand

{Residence, if in Baltimore, Give Street and Number.} 2324 Essex St.

Duration of Residence in Baltimore. 57 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Jan 30 1823

AGE 83 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Jacob Ziegler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Morand

(Address) 2324 Essex St

Filed 11/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1906 to Nov. 4th 1906 that I last saw h[illegible] alive on Nov. 4th 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senile & Exhaustion

(DURATION) DAYS

Contributory (Primary.) Chronic Gastritis

(DURATION) DAYS

(Signed) Hermann J. Gerwig M.D.

Address 1937 Eastern Ave

Date Nov 5th 1906

Place of Burial Mount Carmel

Date November 6th 1906

Undertaker H. SANDERS & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

BARRY C. ANDERS, PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95084

Registered No. B .....

City of Baltimore, (No. 311, North Pine St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Thew Ridgeway

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: July (Month) 3 (Day) 1905 (Year)

AGE: 1 years, 4 months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Henry Ridgeway

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Demby

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Marceline Ridgeway (Mother)

(Address) 311 N Pine St

Filed 11/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 4 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Octo 20 1906 to Nov 4 1906 that I last saw him alive on Octo 3 1906, and that death occurred, on the date stated above, at 2 a/m. The CAUSE OF DEATH was as follows:

Whooping Cough -

two weeks (DURATION) ... DAYS

Contributory Broncho Pneumonia

about one week's (DURATION) ... DAYS

(Signed) P. Kuntzing M. D.

11/5 1906 (Address) 1873 N Charles.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 6 1906

UNDERTAKER: JAMES H. DENNIS — ADDRESS: 1332 PRESSTMAN ST.

WM. J. C. DULANY CO., BALTIMORE

Ward 24 95085 Registered No. B 95085

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Hull St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno L Cavrado

{ Residence, if in Baltimore, Give Street and Number. } 1434 Hull St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH Nov 2 1892

AGE 8 years, — months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Joseph Cavrado

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Cath A. Trulford

BIRTHPLACE OF MOTHER (State or country) Helena Kent Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1434 Hull St

Filed 11/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Nov 5 1906

that I last saw him alive on Nov 5 1906,

and that death occurred, on the date stated above, at 3.05 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria (DURATION) 6 DAYS

Contributory (Primary) Scarlet Fever (DURATION) 10 DAYS

(Signed) L. J. Turlington M.D.

Address 130 E Hortan

Date 11/5 1906

Place of Burial Cedar Hill

Date Nov 6 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

3 P. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95086

HEALTH DEPARTMENT

Ward 10

Registered No. B 95086.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Conroy

{Residence, if in Baltimore, Give Street and Number.} 1027 Fleemont st

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Conroy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cathern

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Thos. Lafferty

(Address) 232 S. Calhoun st

Filed 11/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fractured Neck. accidental Struck by Electric Car -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. S. Haughton M.D.

Address 1216 E. Caroline st

Date Nov. 6, 1906

Place of Burial St. Peters Cem

Date Nov 7th 1906

Undertaker John L. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 3 — 95087 — Registered No. B 95087

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 S. Bond St. (If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Christian Menk

{Residence, if in Baltimore, Give Street and Number.} 720 S. Bond St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1849

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED — Single

BIRTHPLACE (State or country) — Germany

FULL NAME OF FATHER — Unknown

BIRTHPLACE OF FATHER (State or country) — Germany

MAIDEN NAME OF MOTHER — Unknown

BIRTHPLACE OF MOTHER (State or country) — Germany

OCCUPATION OF DECEASED — Can Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Averly

(Address) 16th near Eastern Ave

Filed 11/6 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Failure

..... (DURATION) ..... DAYS

Con'tributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Thomas Dudlin Comm'r M.D.

Address 320 N Caroline St

Date Nov 5 1906

Place of Burial Mt Carmel Cem.

Date 11/6/06 190...

Undertaker J Herwig & Son

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95088 Registered No. B 95088

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home & Infirmery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Smith

{Residence, if in Baltimore, Give Street and Number.} Southern ave Louisville

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept 22nd 1866
AGE	40 years, 1 months, 13 days
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	dont Know
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	dont Know
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Smith

(Address) Southern ave Louisville

Filed 11/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Nov 4 1906 that I last saw her alive on Nov 4 1906, and that death occurred, on the date stated above, at 3.50 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Embolism

(DURATION) DAYS

Con'tributory (Primary.) Ischio Rectal Abscess

(DURATION) DAYS

(Signed) [illegible] M.D.

Address THE CHURCH HOME AND INFIRMARY.

Date Nov 4 1906

Place of Burial Baltimore Cemetery

Date November 7th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95089 Registered No. B 95089

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph McKeevan

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: 1834

AGE: 72 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James McKeevan

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Ellen McKeevan

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Cleary

(Address) Preston & Valley

Filed 11/6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1906

I HEREBY CERTIFY, That I attended deceased from Record 190 to 190

that I last saw him alive on Oct 30 1906,

and that death occurred, on the date stated above, at 1.30 a M. CAUSE OF DEATH (Secondary or Immediate)

Arteio sclerosis

(DURATION) DAYS

Contributory (Primary) Senile Gangrene 6 weeks

(DURATION) DAYS

(Signed) F. A. McKenna M.D.

Address 1133 Valley st

Date Nov 4 1906

Place of Burial Cathedral Cemetery

Date Nov. 7th 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 9500 — Registered No. B 9500 — 108

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dana L. Chenoweth.

{Residence, if in Baltimore, Give Street and Number.} #1117 N. Broadway St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	Nov 8 1880
AGE	25 years, — months, — days
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	John B Chenoweth
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Addy L Metzger
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertie M Chenoweth

(Address) 1117 N Broadway

Filed 11/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 14 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4. 12 noon 1906 to Nov 4 - 7.30 P.M. 1906

that I last saw him alive on Nov 4 1906

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia and shock.

(DURATION) 1/2 DAYS

Contributory (Primary) Intestinal Obstruction (DURATION) 6 DAYS

(Signed) E.W. White M.D.

Address University Hospital

Date Nov 4th 1906

Place of Burial London P.K.

Date Nov 7 1906

Undertaker Robt J Timmis

Address Biddy & Alive

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95091 — Registered No. B 95091

CERTIFICATE OF DEATH.

(Place of Death.) No. 1028 N Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Vacek

{ Residence, if in Baltimore, Give Street and Number. } 1028 N Castle st

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 5 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Joseph Vacek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): C

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Vacek

(Address) 1028 N Castle st

Filed 11/16 1906

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Nov 5 1906

that I last saw h[illegible] alive on Nov 5 1906

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 4 hours

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas P. B. Taylor M.D.

Address 830 N Broadway

Date Nov 5th 1906

Place of Burial Holy Redeemer

Date Nov 7 1906

Undertaker Francis Grach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 95012 — Registered No. B 95012

CERTIFICATE OF DEATH.

(Place of Death.) No. 333 S. Strieker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Lee Davidson

{Residence, if in Baltimore, Give Street and Number.} 333 S. Strieker St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 4th 1877

AGE 29 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Joseph Henry Davidson

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Charlotte Davis

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Davidson

(Address) 333 S. Strieker St

Filed 11/6 1906

HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1906 to Nov 5th 1906 that I last saw h in alive on Nov 5th 1906, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) 2 DAYS

Contributory (Primary.) Brights Disease

(DURATION) 1 month ~~DAYS~~

(Signed) J. B. Blaney M.D.

Address 110 S. Gilmor St.

Date Nov 5th 1906

Place of Burial London Park

Date Nov. 7 1906

Undertaker J. & B. Cook

Address 1003 W. Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95003

Registered No. B.....

City of Baltimore, (No. 6, Stinson St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine Kramer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 28 1825
(Month) (Day) (Year)

AGE 81 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Liebstein

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary Lang

(Address) 6 Stinson St -

Filed 11/6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 12 1906 to Nov 4 1906 that I last saw her alive on Nov 4 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

~~Bronchitis~~ Debility from advanced age

(DURATION) DAYS

Contributory A severe shock to nervous system from fall (DURATION) 2d3 DAYS

(Signed) J. D. Kirkpatrick M. D.

Nov 6 1906 (Address) 1327 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 7 1906
UNDERTAKER	ADDRESS
John B Cook	1008 W Balt St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 95094 Registered No. B 95094

CERTIFICATE OF DEATH.

(Place of Death.) No. 122 Hanford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine B. McGrath

{Residence, if in Baltimore, Give Street and Number.} 122 Hanford ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 3rd 1906

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James J. McGrath

BIRTHPLACE OF FATHER (State or country): Ind.

MAIDEN NAME OF MOTHER: Josephine M. Connor

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McGrath

(Address) 122 Hanford ave

Filed 11/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 3 1906 to Nov. 5 1906

that I last saw h.. alive on Nov. 4 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate

Premature Birth

(DURATION) — DAYS

Contributory (Primary.)

asthenia (DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caufman St.

Date Nov. 3 — 1906

Place of Burial Holy Cross Cem.

Date Nov. 6th 1906.

Undertaker Jno. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, ...

Ward 23 — 95095 — Registered No. B 95095

CERTIFICATE OF DEATH.

(Place of Death.) No. 1934 Light St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ivy M Weeks

{Residence, if in Baltimore, Give Street and Number.} —do—

Duration of Residence in Baltimore. 6 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: October 18 1901

AGE: 5 years, ... months, 17 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jerry C. Weeks

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Jinnie Combs

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ellis Ernest

(Address) 1934 Light St.

Filed 11/6 1906 ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 " 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Nov. 4 1906

that I last saw him alive on Nov. 3rd 1906,

and that death occurred, on the date stated above, at 4 ... M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) ... DAYS

Contributory (Primary.) Septic Anemia

(DURATION) 6d DAYS

(Signed) H Leo Brandt M.D.

Address 1228 S Charles

Date Nov. 5 1906

Place of Burial Cedar Hill

Date Nov 6 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 133 Harrison St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Danoff

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR White

DATE OF BIRTH (Month) (Day) 1 (Year)

AGE years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Hyman Danoff

BIRTHPLACE OF FATHER (State or country) Russian

MAIDEN NAME OF MOTHER Esther Cusman

BIRTHPLACE OF MOTHER (State or country) Russian

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Danoff

(Address) 133 Harrison st

Filed Nov 6 1906

Registrar

WM. J. C. DULANY CO., B...

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov. 5 1906 that I last saw h.. alive on .. 190.., and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Bronchio Pneumonia

Three days (DURATION) DAYS

Contributory Pneumonia

(DURATION) DAYS

(Signed) A. G. Freedom M. D.

11/6 1906 (Address) 918 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pha...nia road	Nov 5 1906
UNDERTAKER Max Lurman	ADDRESS 1138 ...

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 151

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 96017

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. N.P.C. Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Drummond

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	9 (Month) – 27 (Day) – 1905 (Year)
AGE	..... years, 1 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	~
BIRTHPLACE (State or country)	maryland.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	" " "
MAIDEN NAME OF MOTHER	" " "
BIRTHPLACE OF MOTHER (State or country)	" " "
OCCUPATION OF DECEASED	~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss E M Stone

(Address) N.P.C. Hospital

Filed 11/06/ 1906 J R C Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 9 1906 to Nov. 5 1906 that I last saw h~~im~~ alive on Nov 5 1906, and that death occurred, on the date stated above, at 12 P.M. The CAUSE OF DEATH was as follows:

Acute Inanition - child also had congenital heart murmur - was very weak during entire life. (DURATION) life. DAYS

Contributory Exhaustion (DURATION) ..... DAYS

(Signed) W Edw Magruder M. D.

190 (Address) 922 Mad Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ~

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Nov 7 1906
UNDERTAKER	ADDRESS
B M Blizzard & Co	1119 Pare

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

95098

Ward 20

95098

Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1316 Eastern Ave

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Angelia Rosa

{Residence, if in Baltimore, Give Street and Number.} 1316 Eastern Ave

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1875

AGE 31 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ Married

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED Lo

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Angelo Grinalta

(Address) 1316 Eastern Ave

Filed 11/06/ 190.C

12.2.1

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

M. CAUSE OF DEATH (Secondary or Immediate

Old Age

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Thomas Snyder M.D. Coroner

Address 320½ Green St

Date Nov 5 1906

Place of Burial St. Vincents Cem

Date Nov. 7" 1906

Undertaker Arundell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to fill up a certificate within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 95099

Ward 3 — Registered No. B 95099

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 501 Resident St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name James Gardner

{Residence, if in Baltimore, Give Street and Number.} —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER /

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER /

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. Morgan

(Address) 814 Hammond Ave

Filed

..... 190.....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 3 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190.....to — 190.....

that I last saw h... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) /

(DURATION) DAYS

(Signed) Thos Sudler Coroner M.D.

Address 320 S Gaun St

Date Nov 6 = 1906

Place of Burial Trinity Cem

Date Nov. 6" 1906

Undertaker Rudell Zippel & Son

Address 230 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95100

HEALTH DEPARTMENT, City of Baltimore.

Ward 6

95100

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 225 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Costigan

{Residence, if in Baltimore, Give Street and Number:} 225 N. Amity

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1871

AGE: 31 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Wm Costigan

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Nov 6 1906

Registrar

201

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 5 1906

that I last saw h— alive on Nov 5 1906

and that death occurred, on the date stated above, at ....M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 16 E Lexington

Date Nov 6 1906

Place of Burial St Peters cem

Date Oct 7 1906

Undertaker. Wm Cook

Address 502 E Northgate

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 95101

CERTIFICATE OF DEATH.

(Place of Death.) No. 1518 Eastern Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katarzyna Sapeta

{Residence, if in Baltimore, Give Street and Number.} 1518 Eastern Ave -

Duration of Residence in Baltimore. 2½ years -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH —— 1

AGE 24 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Joseph Sapeta

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Katharina Skrzynska

BIRTHPLACE OF MOTHER (State or country) Austria.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Sapeta

(Address) 1518 Eastern Ave

Filed Nov 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to Oct 16 1906

that I last saw h[er] alive on Oct. 16 1906

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion -

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 1 year

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St

Date Nov. 6 1906

Place of Burial St. Stanislaus

Date Nov. 7 1906

Undertaker Jacob Figlowski

Address 428 S. Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95102

Ward 14

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Paul Thomas

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asylum.

Duration of Residence in Baltimore. Lifetime B95102

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH Oct. 2nd 1906

AGE ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Nov 6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 3rd 1906 that I last saw h[im] alive on " 1906, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

(DURATION) 3 d DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. S. Fraiser M.D.

Address 106 Read St.

Date Nov 4th 1906

Place of Burial New Cathedral

Date Nov. 6th 1906

Undertaker Martin Facey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95103

Ward 14

Registered No. B

CERTIFICATE OF DEATH.

36

(Place of Death.) No. St. Vincents Infant Asylum - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Young

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Inft. Asy.

Duration of Residence in Baltimore. Lifetime

B95103

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Oct. 16. 1906

AGE: ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Nov 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 4th 1906

that I last saw h.. alive on " 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Syphilis

(DURATION) 18 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fiske M.D.

Address 106. Read St.

Date Nov 5th 1906

Place of Burial New Cathedral

Date Nov. 6th 1906

Undertaker Morton Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 9510

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 24 St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth White

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime B95104

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Oct. 4 1906

AGE ..... years, 1 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed Nov 6 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 5th 1906

that I last saw h alive on Nov 5 1906

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

(DURATION) 13 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fiske M.D.

Address 106 Read St

Date Nov 5th 1906

Place of Burial New Cathedral

Date Nov. 6th 1906

Undertaker Martin Gaskey & Sons

Address 686 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 95105 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. U.S. Marine Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Wilson Berry

{Residence, if in Baltimore, Give Street and Number.} Marine Hospital

Duration of Residence in Baltimore. 1 week

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. F. Williams

"F.S." (Address) U.S. Marine Hospital

Filed 11/06/ 1906 JAC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 6 1906

I HEREBY CERTIFY, That I attended deceased from October 30 1906 to November 6 1906 that I last saw him alive on November 6 1906, and that death occurred, on the date stated above, at 7.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. F. Williams M.D.
"F.S."

Address U.S. Marine Hospital.

Date November 6 1906

Place of Burial Laurel Cemetery

Date Nov 7th 1906

Undertaker H. E. Hughes

Address 175 S. Broadway

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 7 — Registered No. B 95106

95106

CERTIFICATE OF DEATH.

150

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah West Abbitt

{ Residence, if in Baltimore, Give Street and Number. } Towson Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 3 1906

AGE: ..... years, 8 months, ... days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: C. B. Abbitt

BIRTHPLACE OF FATHER (State or country): Monmouth Co NJ

MAIDEN NAME OF MOTHER: Gertrude A. M. Green

BIRTHPLACE OF MOTHER (State or country): Phil. Pa

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. E. Burns

(Address) Towson

Filed 11/6/ 1906 — HARRY O. ANDREWS — S.E.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Nove 6 1906 that I last saw her alive on Nove 6 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate) Post operative Shock

..... (DURATION) ..... DAYS

Contributory (Primary) Hydrocephalus. Spina bifida (DURATION) ..... DAYS

(Signed) E. St. Richardson M.D.

Address John Hopkins Hospital

Date Nov 6 - 1906

Place of Burial Philadelphia Penn

Date Nov 7th 1906

Undertaker J. Edw Burns Sons

Address Towson md

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 — 95107 — Registered No. B 95107

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Park Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Brown

{Residence, if in Baltimore, Give Street and Number.} 1111 Park Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1906

AGE: ....years, 2 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: John Brown

BIRTHPLACE OF FATHER (State or country): S

MAIDEN NAME OF MOTHER: S

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Brown

(Address) 1111 Park ave

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/5 1906

I HEREBY CERTIFY, That I attended deceased from 11/3 1906 to 11/5 1906

that I last saw h alive on 11/2 1906.

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Illeo-Colitis

(DURATION) 7 DAYS

Contributory (Primary.) Intussusception

Life (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Madison Ave

Date 11/6 1906

Place of Burial Mt. Auburn Cemetery

Date November 7 1906

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 95103 — Registered No. B 95103

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 N. Gay St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles E. Kretschmar

{Residence, if in Baltimore, Give Street and Number.} 917 N. Gay St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 2 1847 (Nov. 4th 1906)

AGE: 59 years, — months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Charles Kretschmar

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Schiffini

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. Luther

(Address) 926 N. Caroline St.

Filed 11/7 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Nov. 4 1906

that I last saw him alive on Nov. 4 1906,

and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

Exhaustion

(DURATION) — DAYS

Contributory (Primary) Exhaustion

Heart failure (DURATION) 14 DAYS

(Signed) Howard C. Silver M.D.

Address 1914 Bolton St

Date Nov. 4th 1906

Place of Burial Lauden Park

Date Nov 7th 1906

Undertaker A. Fink & Son

Address 916 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 14 — 95109 — Registered No. B 95109

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 314 S. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bell Carnes

{Residence, if in Baltimore, Give Street and Number.} 314 S. Bruce St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 21st 1884

AGE: 22 years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John H. Carnes

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary Nash

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Carnes

(Address) 314 S Bruce St.

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1906

I HEREBY CERTIFY, That I attended deceased from July 30th 1906 to Nov 6th 1906 that I last saw her alive on Nov 5th 1906, and that death occurred, on the date stated above, at 1.10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

about 10 months
(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H W. Webner M.D.

Address 723 W. Lombard St.

Date Nov. 6th 1906

Place of Burial St Mary's Cem Woodlawn

Date Nov 8 1906

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95110

City of Baltimore, (No. 527 S 6th Ave St.; 22 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E Horner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov (Month) 6 (Day) 1706 (Year)

AGE: 82 years, 6 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Able Horner

BIRTHPLACE OF FATHER (State or country): N J.

MAIDEN NAME OF MOTHER: Keziah Patterson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Shakespeare

(Address) 527 S 6th Ave

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Nov 6 1906 that I last saw h e alive on Nov 6 1906, and that death occurred, on the date stated above, at 4 15 P. M. The CAUSE OF DEATH was as follows:

Cerebral Disease

Oct 20 to Nov 6 (DURATION) 17 DAYS

Contributory Old Age (DURATION) DAYS

(Signed) Thos H Wilson M. D.

Nov 6 1906 (Address) 527 S 6th Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem. DATE OF BURIAL: Nov 8 1906

UNDERTAKER: Wm Cook ADDRESS: 502 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward ..... 9511 Registered No. B 9511

46

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Giuseppe Stallone

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Italy

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) BAY VIEW ASYLUM

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov. 6 1906

that I last saw h alive on Nov. 6 1906,

and that death occurred, on the date stated above, at 11.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Sarcomatous Metastasis of Lung and Brain

Cardiac Hypostasis (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Sterling Beatty. M.D.

Address Bay View Hospl.

Date Nov. 6 1906

Place of Burial Sacred Heart

Date Nov 7" 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 7

Registered No. B 95142

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 S Bethel St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Prizavara

{ Residence, if in Baltimore, Give Street and Number. } 721 S Bethel St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: November 3rd 1906	
AGE: ..... years, ... months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Michael Prizwara.
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Annie Gatka.
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Prizwara.

(Address) 721 S. Bethel St

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 ... to ... 190 ...

that I last saw h— alive on ... 190 ...,

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inf Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Lyddy Cornr M.D.

Address 3204 Greene St

Date Nov 6 1906

Place of Burial Holy Rosary

Date Nov 7 1906

Undertaker Wm F. Sadowski.

Address 703 S. Conn. St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — Registered No. B 9513

CERTIFICATE OF DEATH.

9513

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeremiah Mulcahy

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1821	
AGE: 85 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Ireland	
FULL NAME OF FATHER: Jeremiah Mulcahy	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Ellen Collins	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley Sts

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h on alive on Nov. 4 1906,

and that death occurred, on the date stated above, at 8.55 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

6 weeks in bed (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Nov 6 1906

Place of Burial Holy Cross

Date Nov. 7th 1906

Undertaker Henry C. Wiedefeld

Address 914 Greenmount ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10 — 95114 — Registered No. B 95114 — 114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Forrest Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Douglas B Alexander Jr

{Residence, if in Baltimore, Give Street and Number.} 1124 Forrest Place

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 24th 1880

AGE: 26 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Divorced

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Douglas B Alexander Sr

BIRTHPLACE OF FATHER (State or country): Washington D.C

MAIDEN NAME OF MOTHER: Augusta - Swain

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. C. Undiffield.

(Address) 914 Greenmount Ave

Filed 11/7 1906

Dr Brinton

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 5th 1906

I HEREBY CERTIFY, That I attended deceased from October 24th 1906 to November 5th 1906

that I last saw him alive on November 5th 1906

and that death occurred, on the date stated above, at 11.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chloroaemia

(DURATION) 3 DAYS

Contributory (Primary.) Hepatitis

(DURATION) 14 DAYS

(Signed) Wilmer Brinton M.D.

Address S. W. Cor. Calvert & Preston Sts

Date Nov. 6th 1906

Place of Burial Washington D. C

Date Nov 8 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 95115 — Registered No. B 95115

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 1113 D. 21. Gay St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clementine M. Stuetz

{Residence, if in Baltimore, Give Street and Number.} 1113 21 - Gay - ✓

Duration of Residence in Baltimore. Life 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Aug 17 1852

AGE 57 years, — months, — days

~~SINGLE, MARRIED~~ WIDOW ~~OR DIVORCED~~

BIRTHPLACE (State or country) Hampstead Md

FULL NAME OF FATHER George Meyer

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER A. Ann Penn

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Reck

(Address) 1113 21 Gay

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Nov 6 1906

that I last saw h— alive on Nov 6 1906

and that death occurred, on the date stated above, at 1 25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Uterus

about 18 months (DURATION) DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) H. M. Wade M.D.

Address 1101 N Bway

Date Nov 6 1906

Place of Burial Arcadia Md

Date Nov 8 1906

Undertaker Robt J Turner

Address 0 Bway Fells

W. M. J. GILLARY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95146

City of Baltimore, (No. 1534 N Mount St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May (Month) 27 (Day) 1877 (Year)

AGE: 29 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower.

BIRTHPLACE (State or country): Baltimore md

FULL NAME OF FATHER: David Ward

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Rachel Sanders

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Bag Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ward

(Address) 1534 N Mount St

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1906 to Nov 5 1906 that I last saw him alive on Nov 5 1906, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Brights Disease

(DURATION) 18 DAYS

Contributory Syphilis.

(DURATION) Syphilis

(Signed) Wilbur P Morgan M. D.

Nov 6 1906 (Address) 815 W Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: West Arlington — DATE OF BURIAL: Nov 7 1906

UNDERTAKER: John E Haugh & Co — ADDRESS: 1422 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

HARRY O. ANDREWS, DEPUTY CLERK.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 95117 — Registered No. B 95117

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Ward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Henry Collins

{Residence, if in Baltimore, Give Street and Number.} 1424 Ward St

Duration of Residence in Baltimore. 33 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: [illegible]

AGE: 43 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Md Worcester Co

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alverta Collins

(Address) 1424 Ward St

Filed 11/7 1906 — HARRY C. ARBERS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 5 1906

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 1240 A.M. CAUSE OF DEATH (Secondary or Immediate)

Drapery Pericarditis

(DURATION) ... DAYS

Contributory (Primary) Bright's Disease (DURATION) ... DAYS

(Signed) G Frank Jones M.D.

Address Cor Eutaw & Lee

Date Nov 5 1906

Place of Burial Mt Olivet Cemetery

Date Nov 7 1906

Undertaker Jesse H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95138

City of Baltimore, (No. 1039 Hanover St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laura Schloman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 21 (Day) 1878 (Year)

AGE: 28 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Ernest Schloman

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Margaret Middlekamp

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry H. Schloman (Brother)

(Address) 1039 Hanover St.

Filed 11/7 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 5th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 19th 1906 to Nov. 5th 1906 that I last saw her alive on Nov. 5th 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) DAYS

Contributory Pulmonary tuberculosis (DURATION) DAYS

(Signed) Hanford Willis M. D.

Nov. 6th 1906 (Address) 810 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Eastern Cem. DATE OF BURIAL: Nov 8 1906

UNDERTAKER: Jos. B. Cook ADDRESS: #1008 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 95139 — Registered No. B 95139 — 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1344 Woodcrest St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John W. Driggs

{Residence, if in Baltimore, Give Street and Number.} 1344 Woodcrest St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: June 17th 1900

AGE: 6 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Negro

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John H. Driggs

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Henry Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Scott

(Address) 1344 Woodcrest St

Filed 11/7 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 6th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Bacanin M.D.

Address 700 Lafayette (Corner)

Date Nov. 6th 1906

Place of Burial Mt. Zion Cemetery

Date Nov 8 1906

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 5 — 95120 — Registered No. B 95120

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 1109 Low St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Katherine Johnson

{Residence, if in Baltimore, Give Street and Number.} 1109 Low St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 27 1905

AGE: 1 years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: William H Johnson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Lucille Arch

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Arch

(Address) 1109 Low st

Filed

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Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 2nd 1906 to Nov 6 1906

that I last saw h[illegible] alive on Nov 6 1906,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 2 DAYS

Contributory (Primary.) Capillary Bronchitis (DURATION) 5 DAYS

(Signed) S. Evans M.D.

Address 1607 Linden Ave

Date 11 — 6 — 1906

Place of Burial Western Cemetery

Date Nov 8 1906

Undertaker Henry Hoeck & Son

Address 131 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95121

City of Baltimore, (No. 1215 Ensor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward P Byrnes

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March (Month) 16 (Day) 1862 (Year)
AGE	44 years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Byrnes
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Elizabeth Fitzpatrick
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward McCrory

(Address) 1215 Ensor St

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 15th 1906 to November 5 1906 that I last saw him alive on October 31, 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 Mos

Contributory Exhaustion

(DURATION) 7 DAYS

(Signed) P. E. Sally M. D.

November 1906 (Address) 200 Cranmer Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral Cemetery	Nov. 8 1906
UNDERTAKER	ADDRESS
Henry Hecht Son	130 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

Ward 21

Registered No. B 95122

95122

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 S. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Tubman

{Residence, if in Baltimore, Give Street and Number.} 524 S. Paca St

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Mulatto

DATE OF BIRTH 1

AGE 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Henry Tubman

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Tubman

(Address) 524 S. Paca St

Filed 11 7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Nov 6 1906

that I last saw him alive on Nov 6 1906,

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Volvular disease of heart (Mitral Regurg.)

Senile decay

Cerebral hemorrhage, (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) M B Bunn M.D.

Address 828 N. Carrollton Ave

Date Nov 6 1906

Place of Burial Spring Wood Cem.

Date Nov. 7 1906

Undertaker Henry Harold Burr

Address 301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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Ward 5 — 95123 — Registered No. B 95123

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 Jefferson St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Keeley

{Residence, if in Baltimore, Give Street and Number.} 1431 Jefferson

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH: July 22 1872

AGE: 34 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Dennis Keeley

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Amelia Russel

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Keeley Langley

(Address) 1431 Jefferson St

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 4 — 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 — 1906 to Nov 4 — 1906

that I last saw him alive on Nov 4 — 1906,

and that death occurred, on the date stated above, at 10 A. M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Syncope

about 3 (DURATION) DAYS

Contributory (Primary) Acute Pul. Phthisis about 30 (DURATION) DAYS

(Signed) W. E. Morris M.D.

Address 134 Druid Hill

Date Nov 6 — 1906

Place of Burial Laurel Cemetery

Date Nov 8th 1906

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 7 — 95121 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 N. Welcome Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Carter

{Residence, if in Baltimore, Give Street and Number.} 110 Welcome al-

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Col
DATE OF BIRTH	
AGE: 34 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Perry D Smith
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Adlia L Anderson
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Della Smith

(Address) 110 Welcome Alley

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 4 1906 that I last saw her alive on Nov 4 1906 and that death occurred, on the date stated above, at 3:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Intentional Obstruction

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edmund Lunn M.D.

Address 548 Hanover St

Date Nov 6 1906

Place of Burial Mt. Auburn Cem

Date Nov 7 1906

Undertaker Samuel T. Blake

Address 1311 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95125

City of Baltimore, (No. 852 S Entaw St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Simms

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Calvert Co. Md

FULL NAME OF FATHER: Waller Simms

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Mary Dorsey

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Simms (mother)

(Address) 852 E Entaw St. South

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 2 (Month) Nov (Day) 4 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906. to Nov 2 1906.

that I last saw her alive on Nov 2 1906,

and that death occurred, on the date stated above, at 2.50 P.M. The CAUSE OF DEATH was as follows:

Acute Nephritis

about 6 weeks (DURATION) DAYS

Contributory: general Exhaustion

about (DURATION) 6 DAYS

(Signed) G A Kleinschmidt M. D.

Nov. 5 1906 (Address) 522 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Calvert Co. Md Dukes Church

DATE OF BURIAL: Nov 7 1906

UNDERTAKER: G. L. Brown & Son

ADDRESS: 1080 W. Monroe St

Dukes Church Calvert Co Md

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), color, birthplace, residence, occupation of deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95126

City of Baltimore, (No. 621 W. German St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda J. Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May (Month) 20 (Day) 1830 (Year)
AGE	76 years, 5 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Mary Land
FULL NAME OF FATHER	Chas. Heymon
BIRTHPLACE OF FATHER (State or country)	Mary Land.
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Mary Land
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George L. Harris

(Address) 2024 W. Pratt St.

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1905 to Nov 4 1906

that I last saw h[er] alive on Nov 3 1906,

and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Cerebral Haemorrhage

(DURATION) 12 hrs

Contributory Senility, Arterio sclerosis (DURATION) Latter 2 yrs. DAYS

(Signed) Howard. Kelly M. D.

Nov 4 1906 (Address) 3027 W. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Nov 7 1906
UNDERTAKER	ADDRESS
P. J. Dill & Son	746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1201 W Fayette St

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95127

City of Baltimore, (No. 402 N. Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raymond Crowther

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 29 1881 (Month) (Day) (Year)

AGE: 25 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: W. C. Crowther

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Alberta Sims

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. C. Crowther

(Address) Byrdton Va.

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1906 to Nov 6 1906 that I last saw h~~im~~ alive on Nov 6 1906, and that death occurred, on the date stated above, at 4 A.M. The CAUSE OF DEATH was as follows:

Pneumonia. Complic. with Nephritis.

(DURATION) 10 DAYS

Contributory Uremia and Pulmonary edema (DURATION) 2 DAYS

(Signed) F. M. Lemmon M. D.

Nov 6 1906 (Address) 317 N. Carrollton Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? Byrd, Newburg and E. Va.

PLACE OF BURIAL OR REMOVAL: Byrdton Coal

DATE OF BURIAL: Nov. 7 1906

UNDERTAKER: E. M. Mitchell

ADDRESS: 1201 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu... within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as ... same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cau... ath.

95128

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95128

Registered No. B .....

City of Baltimore, (No. 1234 Druid Hill Ave. St.,) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Cummings

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 71.
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Aaron Cummings

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Dolsan

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Cummings

(Address) 1234 Druid Hill Ave

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4th, 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 24th, 1906, to Nov. 4th, 1906, that I last saw him alive on Nov. 4th, 1906, and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Bright's Disease

at least (DURATION) 30 DAYS

Contributory ?

(DURATION) DAYS

(Signed) Eldridge C. Dunn, M. D.

Nov 7th 1906 (Address) 1011 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 7 1906
UNDERTAKER	ADDRESS
Alex H Emory	574 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95129

City of Baltimore, (No 1613 Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Trainer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 23rd 1886
(Month) (Day) (Year)

AGE: 20 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robt. J. Winebal

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Mary E. Stafford

BIRTHPLACE OF MOTHER (State or country): Balto., Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elmer E. Trainer

(Address) 1613 Ramsay

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 18th 1906 to Nov. 6th 1906

that I last saw her alive on Nov. 6th 1906,

and that death occurred, on the date stated above, at 5:45 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

1 Yr. (DURATION)

Contributory Anaemia (DURATION) 30 DAYS

(Signed) R. A. Warner M. D.

11/6 1906 (Address) 835 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Nov 8 1906

UNDERTAKER: Geo J. Smith Co — ADDRESS: 1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95130

City of Baltimore, (No. 1819, Ex Lombard St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 79 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Geaarmny

FULL NAME OF FATHER: Charles G. Hill

BIRTHPLACE OF FATHER (State or country): Geaarmny

MAIDEN NAME OF MOTHER: ~~Unknown~~

BIRTHPLACE OF MOTHER (State or country): Geaarmny

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Hill

(Address) .....

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 6th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 31 1906 to November 6th 1906

that I last saw him alive on Oct 20th 1906,

and that death occurred, on the date stated above, at 8:20 A. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Coroners Phys'n M. D.

Nov 6th 1906 (Address) 1836 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Nov 8 1906
UNDERTAKER	ADDRESS
Wendell Diffpel & Son	2300 E Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, City of Baltimore. 95131

Ward [redacted] Registered No. B [redacted]

CERTIFICATE OF DEATH. 95131

(Place of Death.) No. 510 S Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Joseph~~ Salvatore Maggio

{Residence, if in Baltimore, Give Street and Number.} 510 S Caroline

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: Nov 6 1906

AGE: ..... years, Four months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Salvatore Maggio

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary ~~Dimmi~~ Giuseppe

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvatore Maggio

(Address) 510 S. Caroline St.

Filed 11/7 1906 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 6 1906

that I last saw ~~him~~ alive on Nov 6 1906, and that death occurred, on the date stated above, at P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Premature Birth

6 mos)

(DURATION) Few minutes DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 161 Bentley

Date Nov 6 1906

Place of Burial St. Vincent Cem.

Date Nov. 7" 1906

Undertaker Wendell Lippert Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3

95132

Registered No. B 95132

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 510 S Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Maggio

{Residence, if in Baltimore, Give Street and Number.} 510 S Caroline

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: Nov 6 1906	
AGE: ..... years, Four months ..... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Salvatore Maggio	
BIRTHPLACE OF FATHER (State or country): Italy	
MAIDEN NAME OF MOTHER: Mary Domico	
BIRTHPLACE OF MOTHER (State or country): Italy	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvatore Maggio

(Address) 510 S Caroline

Filed 11/7 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 6 1906

that I last saw h— alive on Nov 6 1906,

and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(6 mo)

(DURATION) DAYS

Contributory (Primary)

(DURATION) four months

(Signed) J Wentworth Jr M.D.

Address 16 S Broadway

Date Nov 6 1906

Place of Burial St Vincents Cem

Date Nov 7 1906

Undertaker Wendell Duffield Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95133

City of Baltimore, (No. 1100 E. Federal St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John C. Gill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr. (Month) 3 (Day) 1838 (Year)

AGE: 68 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Smithfield Va

FULL NAME OF FATHER: John C. Gill

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Rebecca Jones

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter S. Gill

(Address) 1611 Aisquith St

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1906 to Nov 5 1906

that I last saw him alive on Nov 5 1906,

and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Carcinoma tongue

(DURATION) 1 year

Contributory Exhaustion

(DURATION) ? DAYS

(Signed) Jno. M. C. Parker M. D.

Nov 6th 1906 (Address) 105 Aisquith

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Nov 8 1906

UNDERTAKER: Josiah Sypes

ADDRESS: 600 W North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1226 Orleans

HEALTH DEPARTMENT

Ward 9 — 95134 — Registered No. B 95134

CERTIFICATE OF DEATH.

(Place of Death.) No. 1322 Holbrook St — St. — (If Death occurred in Hospital or Institution give its Name Instead of Street and Number.)

Full Name John P Jennings

{Residence, if in Baltimore, Give Street and Number.} 1322 Holbrook St

Duration of Residence in Baltimore, Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	July 9th 1906
AGE	— years, 3 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Thomas Jennings
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Logue
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Jennings

(Address) 1322 Holbrook St

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 P.M. Nov. 6th, 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1906 to Nov. 6 - 1906.

that I last saw h-im alive on Nov. 6, 1906.

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Bronchitis

(DURATION) 2 DAYS

Contributory (Primary.) Marasmus

(DURATION) 42 DAYS

(Signed) E. L. Crutchfield M.D.

Address 1221 E. Preston St

Date Nov. 7th, 1906

Place of Burial St Peters Cem

Date Nov 8th 1906

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 95135 Registered No. B 95135

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Geo Jones.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: ..... 1 .....

AGE: 39. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant J Sterling Beatty.

Address Bay View Asylum.

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Nov. 3 1906

that I last saw h[illegible] alive on Nov 3 1906

and that death occurred, on the date stated above, at 10 A. 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con ributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J Sterling Beatty. M.D.

Address Bay View Asylum

Date November 4 1906

Place of Burial

Date Nov 5 1906

Undertaker William H Wooden

Address 514 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 951[illegible] Registered No. B 95136

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Grace Holmes

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM Supt.

(Address)

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 — 1906

I HEREBY CERTIFY, That I attended deceased from March 9 1906 to Nov. 4 1906

that I last saw h-- alive on Nov. 4 1906

and that death occurred, on the date stated above, at 3.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Chronic ulcer of Leg.

(DURATION) DAYS

Contributory (Primary) Arteriosclerosis

(DURATION) DAYS

(Signed) J. Sterling Gratty M.D.

Address Bay View Hospital

Date Nov. 4 — 1906

Place of Burial UNIVERSITY OF MARYLAND

Date 1906

Undertaker William H. Woolen

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

269

HEALTH DEPARTMENT, City of [illegible]

Ward 14 — 95137 — Registered No. B 95137

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Barley

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Mulatto

DATE OF BIRTH: about Oct. 5 1906

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Agg

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClennan

(Address) 2005 Madison Ave

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 5 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Nov. 5 1906 that I last saw her alive on Nov. 4 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClennan M.D.

Address 2005 Madison Ave

Date Nov. 5 1906

Place of Burial COLLEGE OF P. & S

Date Nov 6 1906

Undertaker Com of Health

Address Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

264

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 95138 *Registered No. B* 95138

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calel Bird.

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored.
DATE OF BIRTH: 1	
AGE: 75 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Labour	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/7 1906 Registrar

BAY VIEW ASYLUM. Lamar Rollyson, Supt.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 3 190 to Nov. 4 1906 that I last saw h im alive on Nov 4 1906 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate) Chronic diffuse nephritis, Arterio-Sclerosis. Broncho pneumonia (DURATION) DAYS

Con tributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Sterling Beatty M.D.

Address Bay View Asylum

Date Nov. 4 1906

UNIVERSITY OF MARYLAND. NOV 7 - 1906

Place of Burial

Date 190

Undertaker William H Woodson

Address 184 Aisken St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 95139 Registered No. B 95139

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Samuel Smith

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Feb. 28 1906 to Nov. 6 1906 that I last saw h in alive on Nov 6 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J Sterling Yeatty M.D.

Address Bay View Hospital.

Date Nov 6 1906

Place of Burial .....

Date ..... 190 ...

Undertaker William H Woodus

Address 1811 Aiken St

UNIVERSITY OF MARYLAND
NOV 7 - 1906

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 95140

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95140

CERTIFICATE OF DEATH.

Registered No. B [redacted]

City of Baltimore, (No. Provident Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm W. Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1852 (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Chas Harris

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary S. Dungee

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Drayman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Harris

(Address) 916 Leadenhall St

Filed 11/7 1906 HARRY C. HEGNER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 6th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Nov 6 1906

that I last saw him alive on Nov 6 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Abscess of Prostate

2 or 3 weeks (DURATION) DAYS

Contributory Septicaemia 2 or 3 wks, (DURATION) 1 DAYS

(Signed) W W Harris M. D.

Nov 6 1906 (Address) 1128 Druid Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 916 Leadenhall St. How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem	Nov 7 1906
UNDERTAKER	ADDRESS
Sam'l H Chase	1011 W Baltimore

WM. J. C. DULANY CO., BALTIMORE.

95141

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 95141

City of Baltimore, (No. 1810 N Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lelia Imogen Sinclair

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: April (Month) 4 (Day) 1813 (Year)

AGE: 93 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Dennis Dawley

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Talbot

BIRTHPLACE OF MOTHER (State or country): Montgomery Co Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. McSturdley

(Address) Balto. Md

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Nov 6 1906 that I last saw h[illegible] alive on Nov 6 1906, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

old age - gradual failing of the vital powers

about 1 mo (DURATION) ____ DAYS

Contributory ____ (DURATION) ____ DAYS

(Signed) J. McSturdley M. D.

Nov 6 1906 (Address) Balto. Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Gr E Emmorsh	Nov 8 1906
UNDERTAKER	ADDRESS
H C Jenkins & Son 6	2336 Saratoga

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward ..... 95142 Registered No. B 95142

CERTIFICATE OF DEATH.

(Place of Death.) No. 3003 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh Joseph O'Connor

{ Residence, if in Baltimore, Give Street and Number. } 3003 Hudson St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 19 1

AGE 7 years, 7 months, 16 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Hugh T. O'Connor

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Elizabeth Costello

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth O'Connor

(Address) 3003 ~~O'Donnell St~~ Hudson St

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1906 to Nov. 6 1906 that I last saw him alive on Nov. 6 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) — DAYS

Contributory (Primary.) Asthenia (DURATION) — DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Canton

Date Nov. 7 1906

Place of Burial Holy Cross Cem

Date Nov. 8th 1906

Undertaker Jno. A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PEREZ CLERK,

27

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 95143 Registered No. B 95143

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. Dougherty

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 40 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Fish Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov 7 1906

that I last saw h... alive on Nov 7 1906

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Sterling Beatty. M.D.

Address Bay View Asylum.

Date Nov. 7 1906

Place of Burial Baltimore Cemetery

Date Nov 7 1906

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14 — 95144 — Registered No. B 95144

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ruth Lee

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Black
DATE OF BIRTH: Feb. 26 1902	
AGE: 4 years, 9 months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: /	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 15 1906 to Nov 6 1906 that I last saw her alive on Nov 5 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

(a) Cerebral oedema

(DURATION) 10 DAYS

Contributory (Primary.) Whooping cough

(DURATION) 26 DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Nov. 6 1906

Place of Burial Bonnie Brae New Cathedral

Date Nov 8 1906

Undertaker Felix B. Pyle

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 95145 — Registered No. B 95145

CERTIFICATE OF DEATH.

(Place of Death.) No. No. 145 N Montford ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Lang

{Residence, if in Baltimore, Give Street and Number.} 145 N. Montford ave

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR white

DATE OF BIRTH 1

AGE 1 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Lang

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lang

(Address) 145 N Montford

Filed Nov 8th 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 6 1906

that I last saw h[illegible] alive on Nov 6 1906,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute articular Rheumatism

(DURATION) 3 DAYS

Contributory (Primary.) Convulsions

one hour (DURATION) DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Nov 7 1906

Place of Burial St Alphonsus

Date Nov 8 190

Undertaker Wendell Dipkel & Son

Address 330 S. Bond st

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 95146

95146

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Lewandowske.

{Residence, if in Baltimore, Give Street and Number.} 1922 Canton Ave.

Duration of Residence in Baltimore. 3 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: William Lewandowski

BIRTHPLACE OF FATHER (State or country): Poland Russia

MAIDEN NAME OF MOTHER: Michalina Pazykowska

BIRTHPLACE OF MOTHER (State or country): Poland Russia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Lewandowske.

(Address) 1922 Canton Ave

Filed Nov 8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 6 1906

that I last saw him alive on Nov 6 1906,

and that death occurred, on the date stated above, at 6 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever
Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. S. Richardson M.D.

Address Johns Hopkins Hospital

Date Nov 6 1906

Place of Burial Holy Rosary

Date Thursday Nov 8 1906

Undertaker M. F. Vadowske.

Address 703 S. Paca St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95147

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95147

Registered No. B

City of Baltimore, (No. 2233 Brunt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Howard Brown & Pearl Berkley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Nov 7 1906 (Month) (Day) (Year)
AGE	8 hours ..... years, ... months, ... ~~days~~
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Howard Brown
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Pearl Berkley
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Berkley

(Address) 2233 Brunt

Filed Nov 8th 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 7 1906

that I last saw h[illegible] alive on Nov 7 1906

and that death occurred, on the date stated above, at 2 ..... M. The CAUSE OF DEATH was as follows:

Premature Birth

1 hour

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. A. Mellun M. D.

Nov 7 1906 (Address) 1323 N. Howard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 8 1906
UNDERTAKER	ADDRESS
Felix B. Pyz	102 E Hillsdale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 95148 — Registered No. B 95148

CERTIFICATE OF DEATH.

(Place of Death.) No. 2136 Halbrook Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Grace Yingling

{Residence, if in Baltimore, Give Street and Number.} 2136 Halbrook Ave

Duration of Residence in Baltimore. 11 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 26 1880

AGE: 25 years, 11 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Carroll Co Md

FULL NAME OF FATHER: Jacob H Handley

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Annie Warner.

BIRTHPLACE OF MOTHER (State or country): Carroll Co Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E. Yingling

(Address) 2136 Halbrook Ave

Filed 11/8 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 2 1906 to Nov 8 1906

that I last saw her alive on Nov 8 1906,

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 35 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E Miles Wheeler M.D.

Address 2129 N Arlington Ave.

Date Nov 8 1906

Place of Burial Westminster Md

Date Nov 8 1906

Undertaker Mrs Andrew Rohde Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95149

B

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95149

City of Baltimore, (No. 1136 E. Lombard St.; 3rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sam. Weinberg.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November (Month) 1st (Day) 1851 (Year)

AGE 55 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Bennie Weinberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Besia Nemerovsky

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Weinberg

(Address) 429 Colvin st.

Filed 11/8 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from November 5th 1906 to Novemb 6th 1906 that I last saw him alive on Novemb 6th 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Diarrhea and Enteritis

Duration 6 months

(DURATION) 6 Mos 4.

Contributory Exhaustion

Two months (DURATION) ~~DAYS~~

(Signed) L. H. Ephraim, M. D.

Nov 7. 1906 (Address) 218 S. Exeter St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philips Rd Woodlawn | DATE OF BURIAL Nov 8 1906

UNDERTAKER Max Levinson | ADDRESS 1138 Law st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 21

Registered No. B 95150

95150

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 S. Calender St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan M. Griffith

{ Residence, if in Baltimore, Give Street and Number. } 519 S. Calender St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Martinsburg West Va

FULL NAME OF FATHER David Boyer

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Ann M. Boyer

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) David Griffith

(Address) 519 S. Calender St

Filed 11/7 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Nov 7 1906

that I last saw h alive on Nov 6 1906

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate

Mitral regurgitation of heart which caused dropsy

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) J. Ed. Lanus M.D.

Address 1300 W. Lombard

Date Nov 7 1906

Place of Burial Baltimore Cem

Date Nov 10 1906

Undertaker W. C. Branning

Address 5 N Poppleton St Balto Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City [illegible]

Ward 15

95151

Registered No. B 95151

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1817. Warwick Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. Chas. Brown

{Residence, if in Baltimore, Give Street and Number.} 1817. Warwick Ave

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 11th 1821

AGE 84 years, 11 months, 4 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md Co Md

FULL NAME OF FATHER Henry H Brown

BIRTHPLACE OF FATHER (State or country) Md. Co Md

MAIDEN NAME OF MOTHER Mary Annie Ivors

BIRTHPLACE OF MOTHER (State or country) Md. Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Nelson

(Address) 1817 Warwick Ave

Filed 11/8 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wednesday Nov 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14th 1906 to Nov 7th 1906

that I last saw h[illegible] alive on Nov 7th 1906.

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

Senile (DURATION) DAYS

Contributory (Primary) Senile Debility

Prostate Trouble (DURATION) DAYS

(Signed) E. Bentley M.D.

Address 607 N. Amity St

Date Nov 8th 1906

Place of Burial Evergreen Lot 46 Sec

Date Nov 10th 1906

Undertaker Jos Stumbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95152

City of Baltimore, (No. Franklin Square Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances E. Bounds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 7 (Month) 1902 (Day) (Year)

AGE: 4 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas J. Bounds

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Musetta Yonny

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos J. Bounds

(Address) Edmonson Md

Filed 11/8 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 7th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1906 to Nov. 7th 1906

that I last saw her alive on Nov. 7th 1906,

and that death occurred, on the date stated above, at 12:45 P. M. The CAUSE OF DEATH was as follows:

Uraemia convulsions
(following operation on Nov. 5th, 1906)

(DURATION) 1 hour

Contributory Uraemia. Passed urine up to 11 pm Nov. 6th (DURATION) — DAYS

(Signed) H E Bamberger M. D.

11-7-1906 (Address) Franklin Sq. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Sandtown Md — How long at Place of Death? 4 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Savage Md	Nov 9 1906
UNDERTAKER	ADDRESS
Wm J Timmons Jr	Carrollton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and [illegible] same

HEALTH DEPARTMENT,

Ward 20 — 95153 — Registered No. B 95153

CERTIFICATE OF DEATH.

(Place of Death.) No. 790 Fred'k. Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Michaelis

{Residence, if in Baltimore, Give Street and Number.} 790 Frederick Road

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, 3 mont's, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Howard Michaelis

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Conradis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bartender

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant: Katherine Michaelis

(Address: 790 Fred rd

Filed 11/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Nov 6 1906 that I last saw him alive on Nov 6th 1906, and that death occurred, on the date stated above, at 7.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy Cardiac

(DURATION) 37 DAYS

Contributory (Primary.) Congestion of Lungs. (DURATION) 37 DAYS

(Signed) Reginald Horn M.D.

Address 23 6th & St Paul Sts

Date Nov 7th 1906

Place of Burial London P.K.

Date 11/9 1906

Undertaker Wm J Schulting

Address 204 N Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTME...

Ward ..... 95154 Registered No. B 95154

CERTIFICATE OF DEATH.

(Place of Death.) No. 3131 Elliott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Louisa Ulrickson

{ Residence, if in Baltimore, Give Street and Number. } 3131 Elliott St,

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 27 1906

AGE: — years, 6 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. city

FULL NAME OF FATHER: Erling Ulrickson

BIRTHPLACE OF FATHER (State or country): Balto. city

MAIDEN NAME OF MOTHER: Minnie Froehlich

BIRTHPLACE OF MOTHER (State or country): Balto. city

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Mother) Minnie Ulrickson

(Address) 3131 Elliott St.

Filed 11/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ..... Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 16 1906 to Nov 6 1906 that I last saw h.. alive on Nov 6 1906, and that death occurred, on the date stated above, at 6.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sub-acute Meningitis
(Hydrocephalic) (probably not tuberculous)

..... (DURATION) ..... DAYS

Contributory (Primary.)

Coma & inanition (DURATION) ..... DAYS

(Signed) David H. Jones for J. McP. Thompson M.D. M.D.

Address 3114 O'Donnell St

Date Nov. 8 1906

Place of Burial Mt. Carmel Cem.

Date Nov. 8 th 1906

Undertaker Zurbler & Zurbler

Address 1739 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 2 — 95155 — Registered No. B 95155

CERTIFICATE OF DEATH.

(Place of Death.) No. 2001 E. Lombard St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Henry Naguguet

{Residence, if in Baltimore, Give Street and Number.} 2001 E Lombard St

Duration of Residence in Baltimore. 52 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 2nd 1828

AGE 78 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John H. Nagengast

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Nagengast

(Address) 2001 E Lombard

Filed 11/8 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lungs

DURATION DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Thomas Feedler M.D.

Address 320 ½ Gunny St.

Date Nov 7 1906

Place of Burial Holly, Redeemer

Date Nov 10 1906

Undertaker Wendell, Dukfelderer

Address 334 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

95156 95156

Ward 14 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 1939 David Hill ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H. Carlton

{Residence, if in Baltimore, Give Street and Number.} 1939 David Hill ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) New Jersey

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Hensley

(Address) 1780 W Biddle

Filed 11/8 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1905 to Nov 7th 1906 that I last saw h alive on Nov 7 1906 and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac Dropsy

About 1 year (DURATION) DAYS

Con'ributory (Primary.) Dropsy

about 1 year (DURATION) DAYS

(Signed) A. F. Howlett M.D.

Address #1125 Stiles St

Date Nov 8th 1906

Place of Burial Mt Auburn

Date Nov 10 1906

Undertaker Alex Hensley

Address 1780 W Biddle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPAR[T]

Ward 11 — 95157 — Registered No. B 95157

166

CERTIFICATE OF DEATH.

(Place of Death.) No. Jud. General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliphas J. Thompson

{Residence, if in Baltimore, Give Street and Number.} 221 West Biddle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Nov. 7th ~~1906~~ Unknown

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Eliphas J. Thompson

BIRTHPLACE OF FATHER (State or country): D. C.

MAIDEN NAME OF MOTHER: Theodosia Williams

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ada Thompson

(Address) 221 W. Biddle St

Filed 11/8 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 7th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

accidental fall causing

concussion & cerebral

Hemorrhage

(DURATION) 1/4 DAYS

Contributory (Primary) Epilepsy

(DURATION) ..... DAYS

(Signed) Wm. as Baetzhoffer M.D.

Address No top. on the Granary

Date Nov 7th 1906

Place of Burial Mt Auburn Cemy

Date Nov 10, 1906

Undertaker J. H. Burke

Address 1107 N. Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPT.

Ward 21

Registered No. B 95158

95158

CERTIFICATE OF DEATH.

(Place of Death.) No. 1115 S Caey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna L Love

{Residence, if in Baltimore, Give Street and Number.} 1115 S Caey st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal | COLOR: White

DATE OF BIRTH: January 6 1882

AGE: 24 years, 10 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm E. Love

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Catherine Burns

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Columbus Burns

Address 1115 S Caey st.

Filed 11/8 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Nov 6 1906

that I last saw h[illegible] alive on Nov 5 1906,

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

3 week - (DURATION) DAYS

Contributory (Primary.) Cachexia

1 day (DURATION) DAYS

(Signed) J. E. Turner M.D.

Address 855 Columbia ave

Date Nov 7 - 1906 1906

Place of Burial Mt. Olivet Cem.

Date Nov. 9 1906

Undertaker Ph. J. Dillon

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 16 — 95159 — Registered No. B 95159

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Fritz~~ Emil Koerner.

{Residence, if in Baltimore, Give Street and Number.} 1703 Bloomingdale Ave Balto

Duration of Residence in Baltimore. 2 months

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 18th 1863
AGE	42 years, 4 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Peter Koerner
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Brew-master

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Koerner Rd 1

(Address) 1908 Bloomingdale

Filed 11/8 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 — 7 — 1906

I HEREBY CERTIFY, That I attended deceased from 11 — 6 1906 to 11 — 7 — 1906

that I last saw h alive on 11 — 7 — 1906

and that death occurred, on the date stated above, at 3.40 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Organic Heart

(DURATION) 150 DAYS

Con'tributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) M. W Shook M.D.

Address 1122 N. Mount St

Date 11-7- 1906

Place of Burial Loraine cem

Date Nov 9 1906

Undertaker Geo J Smith Co.

Address 1010 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 11 — 95160 — Registered No. B 95160

CERTIFICATE OF DEATH.

(Place of Death.) No. 334 Rose St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martin Johnson

{Residence, if in Baltimore, Give Street and Number.} 334 Rose St.

Duration of Residence in Baltimore. 10 days old

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR Black

DATE OF BIRTH Oct 28, 1906

AGE ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Martin Johnson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Margaret Tyler

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Servant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Johnson

(Address) 334 Rose St.

Filed 11/8 1906 HARRY C. ANDREWS; PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Nov 7 1906

that I last saw him alive on Nov 6 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature infant

Hemorrhage from Nasal and Buccal Cavities

(DURATION) 10 DAYS

Contributory (Primary) Prematue. —

(DURATION) DAYS

(Signed) W. G. Lock M.D.

Address 110 Light Hopk.

Date Nov 8 1906

Place of Burial Laurel Cemetery

Date November 8th 1906

Undertaker Felix B Pye

Address 112 E Mulberry St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and, the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward ..... 95161 Registered No. B 95161

CERTIFICATE OF DEATH.

151

Place of Death.) No. 610 S. Luzerne St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Winkleman

{Residence, if in Baltimore, Give Street and Number.} 610 S. Luzerne St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 7 1906

AGE 16 hours
.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Winkelman

BIRTHPLACE OF FATHER (State or country) Ma

MAIDEN NAME OF MOTHER Catharine Nagel

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Michael Winkelman

Address 610 S. Luzerne St

Filed 11/8 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7 1906

I HEREBY CERTIFY, That I attended deceased fr
Nov 7 190 6 to ..... 190 .....
that I last saw h[illegible] alive on Nov 7 190 6,
and that death occurred, on the date stated above, at 7
P. M. CAUSE OF DEATH (Secondary or Immediate

Premature Birth (7 hrs)

.....(DURATION)..... DA

Contributory (Primary.) .....

.....(DURATION)..... DAYS

(Signed) C. S. Neer M.D.

Address 619 E. Fast Park Ave

Date Nov. 7 1906

Place of Burial St Pauls Cem

Date Nov 8 1906

Undertaker HENRY SAUER & SONS.

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Gaston Avenue

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

missing
B-95162 thru
B-95164

HEALTH DEPARTMENT, City of Balti

Ward 6th

B 95165 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1818. Orleans St. (If Dea... Hospital ... give its Name ... of Street and N...

Full Name Anna Hofmann

{Residence, if in Baltimore, Give Street and Number.} 1818. Orleans st

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 26th 1826

AGE: 79 years, 11 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Peter Karl

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Anna Kreis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Nickel

(Address) 1818 Orleans St

Filed 11/8 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8th 190...

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Nov. 8th 190... that I last saw h... alive on Nov. 9th 190... and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Im...

Nephritis

(DURATION) 7 D...

Contributory (Primary.) Coma

(DURATION) 1 ...

(Signed) John Davis M...

Address 2102 Orleans st

Date November 8th 190...

Place of Burial Loudon Pk. Cem...

Date Nov. 12th 190...

Undertaker Germania Franco...

Address Bauk & Wolf St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ... and the **cause and date of death.**

Missing

B-95/66

Ward X

Registered No. B 95167

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin D Harland

{ Residence, if in Baltimore, Give Street and Number. } Tan-yard

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: Sept 27 1846

AGE: 60 years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: (Chas. Harland)

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Atkinson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Civil Engineer and Surveyor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William D Harland

(Address) Baldwin Balto Co Md

Filed Nov 9th 1906

HARRY O. ANDREWS
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 8 1906

I HEREBY CERTIFY, That I attended deceased from Unknown to Death 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immedi

Shock from fracture of skull and arm & Leg.

(DURATION) 2 hrs

Contributory (Primary) accidentally, struck by train at Highland Balto Co (DURATION) DAYS

(Signed) Benj D Hayden M.D.

Address 121 E Lexington St

Date Nov 8, 1906

Place of Burial Baldwin Balto Co

Date Nov 9th 1906

Undertaker Chas E French

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95168

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B95168

City of Baltimore, (No. 2200 E. Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Gilman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 1 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED X

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jackob Gilman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lena Goldberg

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Fischer

(Address) 2200 E Monument st

Filed Nov 9th 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1906 to Nov. 8 1906

that I last saw h[er] alive on Nov. 8 1906

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Ruptured Esophageal abscess and suffocation

(DURATION) 2 DAYS

Contributory Tonsular Diphtheria

(DURATION) 4 DAYS

(Signed) A. J. Lucas M. D.

Nov 8 1906 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip Pincus Rosedale — DATE OF BURIAL Nov 9 1906

UNDERTAKER Max Levinson — ADDRESS 1138 Low St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

95169 Registered No. B 951[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1128 Warner St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eli Lewis

{Residence, if in Baltimore, Give Street and Number.} 1128 Warner St

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Tucker

(Address) 1402 N. Mound St

Filed 11/9 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Nov 8 1906

that I last saw him alive on Nov 6 1906

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis

(DURATION) ? DAYS

(Signed) H. S. McCandlish M.D.

Address 2005 Druid Hill Ave

Date Nov 8 1906

Place of Burial Mt. Auburn

Date Nov 11-06 1906

Undertaker Jno. A. Goodwin

Address Edmondson Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 — Registered No. B 95170

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 S. Bethel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam Wouszezeak

{Residence, if in Baltimore, Give Street and Number.} 516 S. Bethel St.

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 7 1906

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alex Wouszezeak

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Maggie Szymcak

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex Wouszezeak

(Address) 516 S. Bethel St.

Filed 11/9 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 7 1906 to Nov. 7 1906

that I last saw him alive on Nov. 7 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate

Apnoea

(DURATION) DAYS

Contributory (Primary.) Oedema of lungs

(DURATION) 2 DAYS

(Signed) J. Josephson M.D.

Address 1230 S. Bond St.

Date Nov. 8 1906

Place of Burial Holy Rosary

Date Nov. 9th 1906

Undertaker Jacob Szaikowski

Address 728 S Bond St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 95171 — Registered No. B 95171

CERTIFICATE OF DEATH.

(Place of Death.) No. 235 East — St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Elizabeth Ann Mack

{Residence, if in Baltimore, Give Street and Number.} 235 East St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: — 1

AGE: 76 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Bald. Md

FULL NAME OF FATHER: James Harris

BIRTHPLACE OF FATHER (State or country): A. A. Co. Md

MAIDEN NAME OF MOTHER: Elizabeth —

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ketura Mack

(Address) 235 East St.

Filed 11/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 6 — 1906

I HEREBY CERTIFY, That I attended deceased from Chronic Case 190 to 190

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 12-1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) Benj. F. Hayden Coroner M.D.

Address 216 N. Caroline St.

Date Nov. 6, 1906

Place of Burial Mt. Auburn Cemetery

Date Nov 9 1906

Undertaker Robt. H. Kelbaugh

Address 506 E. Fayette St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 95172

95172

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 Hanover alley St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estelle Dampson

{ Residence, if in Baltimore, Give Street and Number. } 713 Hanover st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: June 27th 1871

AGE: 35 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Louis A Peppin

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Peppin

(Address) 713 Hanover st

Filed 11/9 1906

HARRY C. ANDREWS.
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

Acute Indigestion (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Baltzman M.D.

Address 710 Lafayette Ave

Date June 7th. 1907

Coroner

Place of Burial Woodlawn

Date Nov 10 1906

Undertaker Dept Health

Address 506 Lloyd St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95173

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95173

City of Baltimore, (No. 238, S Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Stein

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	November 8 1906 (Month) (Day) (Year)
AGE	..... years, ... months, 18 hours ~~days~~
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	John M Stein
BIRTHPLACE OF FATHER (State or country)	~~F~~ Indiana
MAIDEN NAME OF MOTHER	Sophia Wortman
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John M. Stein

(Address) 238 S. Gilmor St

Filed 11/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 8 1906 to Nov 8 1906

that I last saw her alive on Nov 8 1906,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Inanition due to premature birth, in sixth month of pregnancy.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Geo R Graham M. D.

Nov 8 1906 (Address) 725 Columbia Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters Clem DATE OF BURIAL Nov 9 1906

UNDERTAKER Joseph B Cook ADDRESS 1003 W Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 95174 — Registered No. B 95174

CERTIFICATE OF DEATH.

34

(Place of Death.) No. 738 Penna. ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Elizabeth Layman

{ Residence, if in Baltimore, Give Street and Number. } Life

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Wh
DATE OF BIRTH	June 12 1877
AGE	29 years, 4 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	H. A Matthan
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Mary Ackerman
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Layman

(Address) 738 Penna Ave.

Filed 11/9 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-7 1906

I HEREBY CERTIFY, That I attended deceased from Aug 15 1906 to 11/8 1906

that I last saw h— alive on 11/7 1906,

and that death occurred, on the date stated above, at 5 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Acute General Intoxication & Exhaustion

(DURATION) — DAYS

Contributory (Primary) Acute General Intoxication (DURATION) 3 Days

(Signed) A. G. Barnett M.D.

Address 1631 Madison ave

Date 11-8-06 1906

Place of Burial Western Cemetery.

Date Nov 10 1906

Undertaker Mrs Andrew Robertson

Address 730 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95175

City of Baltimore, (No. Franklin Sq. Hospital St., Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Pleasinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mar 8 (Month) (Day) 1906 (Year)

AGE: 38 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: James Turner

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ann E Turner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H G Brashears

(Address) Franklin Sq. Hospital

Filed 11/9 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 8 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Nov. 8. 1906

that I last saw her alive on Nov 8 1906,

and that death occurred, on the date stated above, at 11.45 M. The CAUSE OF DEATH was as follows:

Cancer of Uterus

(DURATION) 18 DAYS

Contributory Cancer

(DURATION) ____ DAYS

(Signed) H G Brashears M. D.

(Address) Franklin Sq Hosp

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: Hancock Md. How long at Place of Death? 18 Days

Where was disease contracted, if not at place of death? Hancock Md.

PLACE OF BURIAL OR REMOVAL: Hancock Md.

DATE OF BURIAL: Nov. 9 1906

UNDERTAKER: Robt Brooks & Son

ADDRESS: Calhoun & Fulton Sts

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of dec

Ward 7th 95176 Registered No. B 95176

CERTIFICATE OF DEATH.

(Place of Death.) No. 426 W. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph A Jones Jr.

{Residence, if in Baltimore, Give Street and Number.} 743 N Hamburg St

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 35 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joseph A Jones

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Mary McAuley.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Hostler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A Jones Sr Father

(Address) 743 N Hamburg St

Filed 11/9 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroner

Date November 9 1906

Place of Burial St. Vincent Cemetery

Date November 10 1906

Undertaker James Dignan & Son

Address 869 Lemmon St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of dea

City [If de U... give "S...

SEX

DATE

AGE

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Filed 11/

95177

Ward 10 — 95177 — Registered No. B 77

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 N Gammonton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bernard Sweetman

{Residence, if in Baltimore, Give Street and Number.} 5 N Gammonton

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 76 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Bernard Sweetman

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Logue

(Address) 824 Greenmit Ave

Filed 11/9 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 2d 1906 to Nov. 8 1906

that I last saw h alive on Nov 7 1906

and that death occurred, on the date stated above, at 12

the CAUSE OF DEATH (Secondary or Immediate)

Exhaustion - Exhaustion

Arteria Sclerosis (complicating) (DURATION) DAYS

Contributory (Primary) Arteria Sclerosis

Dumyloid Kidney (DURATION) DAYS

(Signed) Henry F. Cassidy M.D.

Address 1 Upland Road

Date Nov. 8 1906

Place of Burial St Vincents

Date Nov 10 1906

Undertaker H. C. Winkfield

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 95178 — Registered No. B 95178

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 436 N. Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis L. Bauman

{Residence, if in Baltimore, Give Street and Number.} 436 N. Calhoun -

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: July 4 1855

AGE: 51 years, 4 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Chules. T. Bauman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosina Kuyper

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lula Bauman

(Address) 436 N. Calhoun St

Filed 11/9 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Nov 8 1906

that I last saw h-im alive on Nov 7 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

About 1 year (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) B. F. French M.D.

Address 603 E. Fremont Ave

Date November 8th 1906.

Place of Burial London Park Cem

Date Nov 11 1906

Undertaker Jos. Joerdens Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95179

City of Baltimore, (No. 243, Richmond Alley St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Madden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bibb Ind

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Madden

(Address) 243 Richmond Alley

Filed 11/9 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 9th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Nov 9th 1906

that I last saw her alive on Nov 6th 1906,

and that death occurred, on the date stated above, at 1.45 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. Grantland M. D.

Nov 9th 1906 (Address) 332 N. Bellair

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Nov 11th 1906

UNDERTAKER: Geo. H. Holland

ADDRESS: 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 — 95180 — Registered No. B 95180

CERTIFICATE OF DEATH.

(Place of Death.) No. 1016 S. Caulton — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Duker

{Residence, if in Baltimore, Give Street and Number.} 1016 S. Caulton Av.

Duration of Residence in Baltimore. 60 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 10th 1839
AGE	67 years, 9 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Ger. Drechsler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Dinsmore

(Address) 1016 Caulton St

Filed 11/9 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 7th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1906 to Nov. 7 1906 that I last saw her alive on Nov. 7th 1906, and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis Agitans. (DURATION) 6 mos

Contributory (Primary.) Oedema of Lungs (DURATION) 3 DAYS

(Signed) W. J. McAvoy M.D.

Address 839 S. Caulton

Date Nov. 8 1906

Place of Burial Loudon Park Cem

Date Nov. 10 1906

Undertaker HENRY SANDER & SONS.

S. E. Cor. Broadway & Baltic Sts

Address 1705-1710 Caulton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 95181 — Registered No. B 117

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William Hilgenberg

{Residence, if in Baltimore, Give Street and Number.} 21 Eastern Ave Extended

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 17th 1860

AGE 46 years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Hilgenberg

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosie Helgenberg

(Address) 21 Eastern Ave Ext

Filed 11/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Nov 7 1906 that I last saw him alive on Nov 7 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) DAYS

Contributory (Primary.) Cirrhosis of Liver,

Chronic Brights (DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St. Joseph's Hospital

Date Nov. 7 1906

Place of Burial Oak Lawn Cem

Date Nov 10 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Gaston Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

95182

Registered No. B 95182

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 245 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Kohne

{ Residence, if in Baltimore, Give Street and Number. } 245 S. Dallas St

Duration of Residence in Baltimore. 47 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 4 1836

AGE 70 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Kohne.

(Address) 245 S. Dallas St.

Filed 11/9 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 7th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Syncope

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Spudden Comer M.D.

Address 320 N Howard St.

Date ..... 190 .....

Place of Burial Mt. Carmel Cem

Date Nov. 10 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto. Sts. and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95183

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95183

Registered No. B.....

City of Baltimore, (No. 1710 Morton St, Baltimore, Md St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda Nichols.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female.

COLOR: Colored.

DATE OF BIRTH: Nov. (Month) 9 (Day) 1906 (Year)

AGE: 35 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Levi Parker.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Roddie Bayoum.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Servant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Luke Nichols.

(Address) 1710 Morton St.

Filed 11/9 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 9th (Day), 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1906 to Nov. 8th, 1906 that I last saw her alive on Nov. 8, 1906, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Pleurisy.

1 mo. (DURATION) — DAYS

Contributory (Subvendar?) Meningitis, (DURATION) 2 DAYS

(Signed) Hugh Forsythe. M. D.

Nov. 9th 1906. (Address) 424 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cambridge Md — DATE OF BURIAL: Nov 9th 1906

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E Fredking

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95184 Registered No. B 95184

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 618 S Rose St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Hoffman

{Residence, if in Baltimore, Give Street and Number.} 618 S Rose St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH June 16 1906

AGE ..... years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Martin Hoffman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catie Kaler

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Hoffman

(Address) 618 S. Rose St.

Filed 11/9 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Oct 30 1906 that I last saw her alive on Oct 30 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fairview

Date Nov 9. 1906

Place of Burial Sacred Heart

Date Nov. 10" 1906

Undertaker Trudell Lippel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 95185 — Registered No. B 95185

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 78 n. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Tamillizzo

{Residence, if in Baltimore, Give Street and Number.} 78 n Glover

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: Nov 8 1906	
AGE: ..... years, ... months, 1 day	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Vincent Tamillizzo	
BIRTHPLACE OF FATHER (State or country): Italy	
MAIDEN NAME OF MOTHER: Assunta Desanti	
BIRTHPLACE OF MOTHER (State or country): Italy	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Hoffman

(Address) 618 S. Rose st.

Filed 11/9 1906 — HARRY C. ANDREWS? PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Nov 8 1906	
I HEREBY CERTIFY, That I attended deceased from Nov 8 1906 to Nov 8 1906	
that I last saw h— alive on Nov 8 1906,	
and that death occurred, on the date stated above, at P. M.	
CAUSE OF DEATH (Secondary or Immediate.)	Premature Birth (6½ mo)
(DURATION) 1 hr DAYS	
Contributory (Primary.)	
(DURATION) DAYS	
(Signed) J J Valentine M.D.	
Address 16 S Broadway	
Date Nov 8 1906	
Place of Burial St Mary's Sacred Heart	
Date Nov. 9" 1906	
Undertaker Wendell Lippel & Son	
Address 330 S. Bond st.	

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 14 — 95186 — Registered No. B 95186

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 Argyle ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C Dooste

{Residence, if in Baltimore, Give Street and Number.} 1303 Argyle ave

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 3rd 1840

AGE 66 years, 7 months, 5 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Solomon R Dent

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lydia Nicholson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Amos. D. Stark

(Address)

Filed 11/9 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8th 19

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 8th 1906 that I last saw her alive on Nov 7th 1906 and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Paralysis

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Jump M.D.

Address 1415 Madison ave

Date Nov 8th 1906

Place of Burial Mt Olivet Cemetery

Date Nov 10th 1906

Undertaker Stewart & Mowen Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95187 Registered No. B 95187

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F Small

{Residence, if in Baltimore, Give Street and Number.} 513 Franklin St Baltimore

Duration of Residence in Baltimore. 6 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ——— 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Balto City Md

FULL NAME OF FATHER: John F Small

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: Rachel Dunnuck

BIRTHPLACE OF MOTHER (State or country): Balto co Md

OCCUPATION OF DECEASED: wheel wright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Small

(Address) Reisterstown Md

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 9 - 1906

I HEREBY CERTIFY, That I attended deceased from Oct - 25 1906 to Nov - 9 - 1906

that I last saw him alive on Nov - 9 - 1906

and that death occurred, on the date stated above, at 2 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 15 DAYS

(Signed) W. W. Thorn M.D.

Address 1122 N Mount St

Date 11 - 9 - 1906

Place of Burial Druid Ridge Cemetary

Date Nov 11 = 1906

Undertaker E. D. Selby & Co

Address Reisterstown Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 95188 Registered No. B 95188

CERTIFICATE OF DEATH.

(Place of Death.) No. 1317 N. Stricker St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza B. Thomson

{Residence, if in Baltimore, Give Street and Number.} 1317 N. Stricker St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 20th. 1837

AGE: 68 years, 10 months, 20 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Harrisburg Pa.

FULL NAME OF FATHER: Do not know

BIRTHPLACE OF FATHER (State or country): " " "

MAIDEN NAME OF MOTHER: " " "

BIRTHPLACE OF MOTHER (State or country): " " "

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1317 N. Stricker St.

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 9th 1906

I HEREBY CERTIFY, That I attended deceased from July 7 1906 to Nov 9 1906

that I last saw h[illegible] alive on Nov 9 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile Decay or Pernicious Anemia

4 Months

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Hurd M.D.

Address 202 Aisquith St

Date Nov 9 1906

Place of Burial Georgetown D.C.

Date Nov. 11 1906

Undertaker Evans & Spence

Address 1181 & 1201 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95189 — Registered No. B 95189

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 So Paca St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa Bivinizzo

{Residence, if in Baltimore, Give Street and Number.} 202 So Paca St

Duration of Residence in Baltimore. 6 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W

DATE OF BIRTH ..... 1 .....

AGE 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. DeMarco

Address 224 S. Howard St

Filed 11/10 1906 — HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 1906

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

CAUSE OF DEATH (Secondary or Immediate)

Burns, Hot water

(DURATION) 7 DAYS

Con'tributory (Primary)

(DURATION) DAYS

(Signed) Patrick T Mosley M.D.

Coroner

Address

Date Nov 9 1906

Place of Burial St. Vincents Cem

Date Nov. 10, 1906

Undertaker M. Daly C.E. & Sons

Address 17 E. Lee St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95190

City of Baltimore, (No. 1602 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nathan Ashton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1864? (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimor

FULL NAME OF FATHER: John Ashton

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Driver of Lumber wagon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Ashton

(Address) 1602 Dallas

Filed 11/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 27 1906 to Nov 8 1906

that I last saw him alive on Nov 8 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pneumonia & Paralysis

Pneumonia (DURATION) 17 DAYS
Paralysis 1/2

Contributory ..... (DURATION) ..... DAYS

(Signed) R P Cannon M. D.

Nov 8 1906 (Address) 1701 N Carlton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Druid Hill Cemetery — DATE OF BURIAL: Nov 11 1906

UNDERTAKER: E & J. C. Watts — ADDRESS: 506 Pine

WM. J. C. DULANY CO., BALTIMORE

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

Ward 11 — 95191 ~~95190~~ — Registered No. B ~~95190~~

CERTIFICATE OF DEATH. 95191

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary Lucy Brisco

{Residence, if in Baltimore, Give Street and Number.} 202 Gilves Alley

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: 1

AGE: 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Brisco

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alice Gough

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Gough

(Address) 202 Gilves alley

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 8th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 30 1906 to Nov. 8 1906

that I last saw her alive on Nov. 8 1906.

and that death occurred, on the date stated above, at 10 35 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pregnancy - Severe Toxemia - followed delivery - (Area of Hemorragic Necrosis in Kidneys - Icterus -) (DURATION) DAYS

Contributory (Primary) Prolonged Labor - Uremia (DURATION) DAYS

(Signed) C. A. Dorsey M.D.

Address City Hospital

Date November 9th 1906

Place of Burial Nov 10 - 1906

Date Laurel 190

Undertaker R. McElliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 95192 — Registered No. B 95192 — 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 2001 Spruce Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pearl A. Dashiell

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 2001 Spruce Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. 8th 1906

AGE: — years, 1 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. H. Dashiell

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Elizabeth Brostchu

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas H. Dashiell

(Address) 2011 Spruce Alley.

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1906 to Nov 8 1906 that I last saw her alive on Nov 8 1906 and that death occurred, on the date stated above, at 8th P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

Convulsions (DURATION) 2 DAYS

(Signed) Geo Adler M.D.

Address 1937 Gough St

Date Nov. 9. 06. 1906

Place of Burial Mt. Carmel Cem

Date Nov. 10 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Baltimore Sts.

Address

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

95193

Registered No. B 95193

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1262 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline D Naff

{ Residence, if in Baltimore, Give Street and Number. } 1262 Sargeant St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 19 1905

AGE 1 years, — months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Frank Naff

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Bessie Howard

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Schradel

(Address) 1447 Columbia Ave

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 8 1906 that I last saw her alive on Nov 8 1906, and that death occurred, on the date stated above, at 920 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) R V Glenn M.D.

Address Mt Winans Md

Date Nov 9th 1906

Place of Burial St Peters

Date Nov. 12 1906

Undertaker Jos B Cook

Address 1103 Mt Auburn St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 95194 Registered No. B 95194

CERTIFICATE OF DEATH.

50

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Aler

{Residence, if in Baltimore, Give Street and Number.} 205 S Caste St

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	54 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Aler

(Address) 205 S Castle St

Filed 11/10 1906 HARRY C. ANDREAE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 7th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1906 to Nov. 7th 1906

that I last saw h-e alive on Nov. 7th 1906

and that death occurred, on the date stated above, at 9 45 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Diabetes —

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) C. G. Dorsey M.D.

Address City Hospital

Date November 7th 1906

Place of Burial Trinity Cem

Date 11/10/06 190

Undertaker J. Herwig & Son

Address 200 S Allens St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 56

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95195

Registered No. B.....

City of Baltimore, (No. ....., 1317 W Lafayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Rosa Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: B

DATE OF BIRTH: Month and day unknown 1853 (Month) (Day) (Year)

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Howard Co Md

FULL NAME OF FATHER: Caezar Connor

BIRTHPLACE OF FATHER (State or country): Howard Co Md

MAIDEN NAME OF MOTHER: Mary Magdalen Jones

BIRTHPLACE OF MOTHER (State or country): Howard Co Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. by her daughter

(Informant) H J Trundle

(Address) 640 N Carrollton Ave

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 9th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1906 to November 1906, that I last saw her alive on Nov 8th 1906, and that death occurred, on the date stated above, at 8.45 A.M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory Drinking Habits, Liquor

(DURATION) 2 DAYS

(Signed) H J Trundle M.D.

Nov 9 1906 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Mary's Cemetery Howard Co Md | DATE OF BURIAL: Nov. 11 1906

UNDERTAKER: Wm H. Easton & Sons | ADDRESS: Ellicott City

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 Registered No. B 95196

95196

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1626 Hilliken St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ida Gaff.

{Residence, if in Baltimore, Give Street and Number.} 28 N. Spring St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white.

DATE OF BIRTH — 1

AGE 19 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Co.

FULL NAME OF FATHER Thomas Gaff.

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Marion K. Sellers

BIRTHPLACE OF MOTHER (State or country) Balto Co.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gaff.

(Address) 922 Eighth St. Highlandtown

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...,

and that death occurred, on the date stated above, at 8:15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pistol shot wounds in
base of brain
(Josephine F Kelly held for Court)

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Joseph Carnes M.D.

Address Coroner N Ext

Date Nov 9-06 1906

Place of Burial Oak Lawn Cem

Date Nov 11 1906

Undertaker Wm Cook

Address 506 E Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95197

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95197

City of Baltimore, (No. 1712, Lamont ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Inertha R. Elliott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

AGE: 84 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Annapolis, Md.

FULL NAME OF FATHER: Richard Gardner

BIRTHPLACE OF FATHER (State or country): Annapolis, Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. R. Elliott

(Address) 1712 Lamont ave

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 8 1906

that I last saw her alive on Nov 5, 1906,

and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 6 DAYS

Contributory Old Age

(DURATION) DAYS

(Signed) A. R. Blewett M. D.

Nov 8 1906 (Address) 1341 Hollins ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Nov 11 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E Hoff

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 95198 Registered No. B 95198

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Scott

{Residence, if in Baltimore, Give Street and Number.} 107 N. Gilmor St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feby 18 1871

AGE 35 years, 8 mon'ts, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Frederick Schmidhelm

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Holler

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Ralph B. Scott

(Address) 107 N. Gilmor St

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 8 1906 that I last saw her alive on Nov 8 1906 and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Child Birth - (DURATION) DAYS

(Signed) B.W. Crawford M.D.

Address University Hospital

Date Nov 8 1906

Place of Burial Druid Ridge

Date November 11 1906

Undertaker Wm. J. Tuckinger Sons

Address Camden & Paca sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95199

Registered No. B .....

City of Baltimore, (No. 1009 E. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Franco

PERSONAL AND STATISTICAL PARTICULARS

SEX F.

COLOR W.

DATE OF BIRTH
7 (Month) 12 (Day) 1 Year)

AGE
..... years, 1 months, 12 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Salvatore Franco

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER Teresa Brocato

BIRTHPLACE OF MOTHER (State or country) Italy

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Salvatore Franco

(Address) 1009 E. Lombard St.

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 9 1906

that I last saw h[illegible] alive on Nov 9 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Persistence of foetal Condition

Fracture Skull

Life (DURATION) ..... DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) M Petitalata M. D.

Nov 10 1906 (Address) 827 Aisquith St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Nov. 10 1906
UNDERTAKER	**ADDRESS**
Arundell Lippel & Son	330 S. Bond St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95200

City of Baltimore, (No. 1711, Slingluff St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia S. H. Spamer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: May (Month) 11 (Day) 1847 (Year)

AGE: 59 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Ludwig Spamer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Martin

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. L. Spamer

(Address) 2424 Linden ave

Filed 11/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 9. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1906 to Nov. 8 1906

that I last saw her alive on Nov. 8, 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(Patient has been under my observation & Care 18 years) (DURATION) 18 years

Contributory Uremia, Convulsions

Coma (DURATION) 5 DAYS

(Signed) Alfred Wanstall, M. D.

Nov. 9 1906 (Address) 921 Cathedral St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Spamer's Home Cemetery, Pamptall Dist. Co.

DATE OF BURIAL: Nov. 11 1906

UNDERTAKER: Henry C. Lassahn

ADDRESS: Fullerton Md

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95201

City of Baltimore, (No. 103, Nut Hunitta St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E. Ahrens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Oct 21 (Month) (Day) 1906 (Year)	
AGE: ..... years, ... months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	William J. Ahrens.
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Emma A. Engel
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Son

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Ahrens

(Address) 105 Henrietta St

Filed 11/10 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 9 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 21st 1906 to Nov 9th 1906.

that I last saw h[illegible] alive on Nov 9 1906,

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Convulsions.

(DURATION) 2 DAYS

Contributory Premature Birth.

(DURATION) DAYS

(Signed) Henry Waldschmidt M.D.

1906 (Address) 923 Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Matthews	Nov 10th 1906
UNDERTAKER: Jos. Stuntebeck	ADDRESS: 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 95202 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1427 Vincent alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sylvester Lyman

{Residence, if in Baltimore, Give Street and Number.} 1427 Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Colored

DATE OF BIRTH: Aug. 10th 1904

AGE: — years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Levi Lyman

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rachel Downs

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Levi Lyman

(Address) 1427 Vincent St.

Filed 11/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h..... alive on ..... 190.. and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Baltzell M.D.

Address 700 Lafayette Ave. (Coroner)

Date Nov. 10th 1906

Place of Burial Mt. Auburn Cemetery

Date Nov - 10 1906

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95203 Registered No. B 95203

CERTIFICATE OF DEATH.

(Place of Death.) No. 827 Carrollyn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Addison Bowie

{ Residence, if in Baltimore, Give Street and Number. } 827 Carrollyn St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct. 17th 1904

AGE: — years, — months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Bowie

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Louise Bush

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rhoda Bush

(Address) 1309 Upton St.

Filed 11/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate

Congestion of the Lungs

(DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Lucien Bal Bowie M.D.

Address 700 Eutaw Av. (Grafton)

Date Nov. 9th 1906

Place of Burial Mt. Auburn

Date Nov 10 1906

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95204

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95204

City of Baltimore, (No. 520, Hanover St.; 22 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 6 1838 (Month) (Day) (Year)
AGE	68 years, 10 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Williams Wells
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W Ward

(Address) 122 W Lee St

Filed 11/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 8 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Nov 5 1906 that I last saw h er alive on Nov 8 1906, and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Phthisis

Long (DURATION) Sundays

Contributory General weakness

Caused by Phthisis (DURATION) Long DAYS

(Signed) Frances A. Carpenter M. D.

Nov. 9 1906 (Address) 521 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 10 1906
UNDERTAKER	ADDRESS
Armstrong Denny Co.	715-17 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95205

Ward ..... Registered No. B 95205

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T Carter Jr

{ Residence, if in Baltimore, Give Street and Number. } Park Heights Ave Balto Co Md.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 3 - 1892

AGE: 14 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John T. Carter Jr

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Florence C. Webb

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: School boy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. H. Gealman

(Address) Park Heights Ave

Filed Nov 10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 9th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1906 to Nov 9th 1906 that I last saw h.. alive on Nov 9th 1906, and that death occurred, on the date stated above, at 5.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardio-respiratory failure following meningitis

(DURATION) DAYS

Contributory (Primary.) Otitis media

(DURATION) DAYS

(Signed) E. St. Richardson M.D.

Address Johns Hopkins Hospital

Date Nov 9 1906

Place of Burial London Park

Date Nov 12th 1906

Undertaker Martin Jahey & Sons

Address 606 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95206

Registered No. B.....

City of Baltimore, (No. 112 S. Gilmor St.; 5th Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Levy Gorfinkle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 6[illegible] years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Meyer Gorfinkle

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ida Jackobs

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Solomons Harris

(Address) 318 Harrison st

Filed Nov 11th 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 10th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1906 to Nov. 9th 1906 that I last saw him alive on Nov 9th 1906, and that death occurred, on the date stated above, at 1 A. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) ..... DAYS

Contributory Dilated heart (DURATION) 15 DAYS

(Signed) M. M. Savage, M. D.

Nov 10 1906 (Address) 1121 E. Balto.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Rest Lawn | DATE OF BURIAL: Nov 11 1906

UNDERTAKER: Mt Lebanon | ADDRESS: 113 Lloyd St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 95207 — Registered No. B 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 517 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Sires

{Residence, if in Baltimore, Give Street and Number.} 517 W. Saratoga

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Aug~~ Sept 1905

AGE: ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: not known

BIRTHPLACE OF FATHER (State or country): X

MAIDEN NAME OF MOTHER: X

BIRTHPLACE OF MOTHER (State or country): X

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Damaco

(Address) Can Howard & Camden

Filed 11/11/ 1906 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

S.2.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 9 1906

that I last saw h alive on Nov 9 1906

and that death occurred, on the date stated above, at 5.30 M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) Intussusception

(DURATION) ..... DAYS

(Signed) H. A. Dudley M.D.

Address 3246 E Baltimore St

Date Nov 10 — 1906

Place of Burial St Vincent Cemetery

Date Nov 10th 1906

Undertaker M. Doyle & Son

Address 17 East Lee St Baltimore Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 95208 — Registered No. B 95208

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Venable Jr

{Residence, if in Baltimore, Give Street and Number.} 1 Seaman's Road & Sparrow Pt.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 21 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas Venable

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Venable Jr

(Address) Sparrow Pt

Filed 11/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to Nov 8 1906

that I last saw him alive on Nov 8 1906

and that death occurred, on the date stated above, at 1.95 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. K. Cullen M.D.

Address John Hopkins Hospital

Date Nov 11 1906

Place of Burial Laurel Cemetery

Date NOV 11 1906 1906

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95209
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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95209

City of Baltimore, (No. 12 N. Rose St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Adams.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 14 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James R Adams

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Ellen Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James R Adams

(Address) 12 N Rose St

Filed 11/11 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 23 1906 to Nov 10 1906

that I last saw h... alive on Nov 10 1906,

and that death occurred, on the date stated above, at 5-30 P. M. The CAUSE OF DEATH was as follows:

Acute Peritonitis

(DURATION) 15 DAYS

Contributory Probably Gastric Ulcer

(DURATION) 48 DAYS

(Signed) D W Cathell M. D.

Nov 10 1906 (Address) 1308 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross | DATE OF BURIAL: Nov 12 1906

UNDERTAKER: Wendell Bufford and Son | ADDRESS: 3108 Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 95210 Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816- Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mabel A. Butts

{Residence, if in Baltimore, Give Street and Number.} 825- S. Montford ave

Duration of Residence in Baltimore. Life B95210

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH 19- July 1906

AGE ..... years, 3 months, 21 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ ——

BIRTHPLACE (State or country) 829 Montford ave S. Baltimore City

FULL NAME OF FATHER Christopher Butts

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Elisabeth Taylor

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Inst. Taylor- grandfather of deceased

(Address) 1816 Eastern ave

Filed 11/11 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. - 9 - 1906

I HEREBY CERTIFY, That I attended deceased from Nov. - 9 - 1906 to Nov. 9 1906 that I last saw her alive on Nov. 9- 1906, and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) ½ DAYS

Contributory (Primary.) acute capillary bronchitis (DURATION) 1- DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date Nov. - 9 - 1906

Place of Burial Mt Carmel cemetery

Date Nov. 11th 1906

Undertaker J. B. Schmidt Son

Address 1735 Alice anna st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95211

City of Baltimore, (No. 1612 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Hartman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Sept. 7 (Month) (Day) 1848 (Year)

AGE 58 years, 2 months, 2 days

~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Winchester, Va.

FULL NAME OF FATHER Martin L Straus

BIRTHPLACE OF FATHER (State or country) Bavaria

MAIDEN NAME OF MOTHER Babette Wasserman

BIRTHPLACE OF MOTHER (State or country) Bavaria.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. N Greenbaum

(Address) 1614 E. P

Filed 11/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1906 to Nov 9 1906

that I last saw h[illegible] alive on Nov 9 1906,

and that death occurred, on the date stated above, at 11[illegible] P. M. The CAUSE OF DEATH was as follows:

Nephritis (Chronic)

Coma

Acute primary cause

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Horace R. Brown M. D.

Nov 9 1906 (Address) 17 W. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Balto Hebrew Cemetery

DATE OF BURIAL Nov. 12 1906

UNDERTAKER Hart & Landsman

ADDRESS 923 Madison Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 95212 — Registered No. B 95212

CERTIFICATE OF DEATH.

(Place of Death.) No. 1036 Hollins — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas F. A. O'Hayer

{Residence, if in Baltimore, Give Street and Number.} 1036 Hollins st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 2 1 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Timothy P O'Hayer

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget C McGrath

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs T O'Hayer

(Address) 1036 Hollins st

Filed 11/11 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 1906

I HEREBY CERTIFY, That I attended deceased from Jan. 1 1906 to Nov. 9 1906 that I last saw h— alive on Nov 9 1906, and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Hæmorrhage

(DURATION) DAYS

(Signed) John C. Bound M.D.

Address 1300 W. Lombard st

Date Nov. 10 1906

Place of Burial New Cathedral

Date 11/12 1906

Undertaker Wm J Schilling

Address 1 E. Pratt st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 95213 Registered No. B 15

CERTIFICATE OF DEATH.

(Place of Death.) No. Garrison in Belvieu St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hamilton P. Polk.

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. 31 years D. 95213

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept 15 1863

AGE 43 years, 2 months, 24 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Asheville N.C.

FULL NAME OF FATHER Alex H Polk

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Emily M Beach

BIRTHPLACE OF MOTHER (State or country) Conn.

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. B. Polk

(Address) Offord Md

Filed 11/11/ 1906 HARRY C. ANDREWS, PERMIT CLERK. J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9 190 6.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Internal Hemorrhage &
Shock from Pistol
Shot through the heart.

(DURATION) DAYS

Contributory (Primary) Pistol Shot.

(DURATION) DAYS

(Signed) Llewellyn Leitheiser M.D.
Comm

Address 1818 N. Chas St

Date Nov 10 - 06. 190

Place of Burial London Park Cem

Date Nov. 12th 190 6

Undertaker Chas. E. Franck

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 — 95214 — Registered No. B 95214

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Szymonski

{Residence, if in Baltimore, Give Street and Number.} 529. S. Bond. Str.

Duration of Residence in Baltimore. 12 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: John Szymanski

BIRTHPLACE OF FATHER (State or country): Poland.

MAIDEN NAME OF MOTHER: Wiktoria Barybysz

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Nov 12 1906 — HARRY O. ANDREWS, PERMIT CLERK — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10th 1906

I HEREBY CERTIFY, That I attended deceased from July 10th 1906 to November 10 1906 that I last saw h[im] alive on Nov. 10 1906, and that death occurred, on the date stated above, at 4.10 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Athrepsia

(DURATION) DAYS

(Signed) Sterling Beatty M.D.

Address Bay View Asylum.

Date November 11th 1906

Place of Burial Holy Rosary

Date Nov. 12 1906

Undertaker Jacob Frankowski

Address 428 S. Bond. St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95215

City of Baltimore, (No. 1337, Wit St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Donnelly

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 17 (Day) 1906 (Year)

AGE: 1 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Martin Donnelly

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Ella McNally

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Student

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Donnelly

(Address) 1337 Wit St

Filed Nov 12 1906

HARRY C. ANLIARD, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 26 1906 to Nov. 10 1906 that I last saw h e alive on Nov 10 1906, and that death occurred, on the date stated above, at 12 30 P.M. The CAUSE OF DEATH was as follows:

Diphtheria

16 (DURATION) DAYS

Contributory Septicaemia

6 (DURATION) DAYS

(Signed) J. N. Robertson M. D.

Nov 11 1906 (Address) 726 E Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Patricks | DATE OF BURIAL: Nov 12 1906

UNDERTAKER: A F Philbin | ADDRESS: 1711 Madison

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d the Physician who attended during his or her last sickness, or the Coroner, when the case co **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a c can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore.

shall be the duty of comes under his notice, to furnish within al, a certificate setting forth, as far as the same son deceased, and the cause and date of death.

Ward 1 — 95216 — Registered No. B 77

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 Glen Edwards Avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Trumbea

{Residence, if in Baltimore, Give Street and Number.} 1408 Glen Edwards Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	White
DATE OF BIRTH	January 9 1905
AGE	1 year, 5 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	N. Y.
FULL NAME OF FATHER	Jos Trumbea
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Victoria Gonsero
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	[illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos Trumbea

(Address) 408 Glenedwards

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10 1906

I HEREBY CERTIFY, That I attended deceased from November 7 1906 to Nov. 10 1906 that I last saw her alive on Nov. 10 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

Measles Rubeola (DURATION) DAYS

Contributory (Primary.) Bronchitis (DURATION) 3 DAYS

(Signed) L. A. Richardson M.D.

Address 112 W. 25th Street

Date November 6th 1906

Place of Burial St Vincents

Date Nov. 12 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 95217 — Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 233 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo W. Koppe

{Residence, if in Baltimore, Give Street and Number.} 233 Roland Ave

Duration of Residence in Baltimore. 16 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 17 1872

AGE: 33 years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pa.

FULL NAME OF FATHER: Edward Koppe

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Coltridge

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Tailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie M. Koppe

(Address) 233 Roland Ave

Filed 11/12/ 1906 — HARRY C. ANDREWS, PERMIT CLERK, J.H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 10 1906

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to Nov 10 1906 that I last saw him alive on Nov 10 1906, and that death occurred, on the date stated above, at 9.30 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (DURATION) 3 months DAYS

Contributory (Primary) Typhoid Fever (DURATION) 24 DAYS

(Signed) S. R. Wantz M.D.

Address 765 3rd Ave

Date Nov 11 1906

Place of Burial Mt Olivet

Date Nov 12 1906

Undertaker J. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 95218 Registered No. B 95218

CERTIFICATE OF DEATH.

(Place of Death.) No. 930 Boyd st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas W Mc Nulty

{Residence, if in Baltimore, Give Street and Number.} 930 Boyd st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 31 1906

AGE: ..... years, ... months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Martin Mc Nulty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Delia Nicholas

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Delia Mc Nulty

(Address) 930 Boyd st

Filed 11/12 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 10 1906

I HEREBY CERTIFY, That I attended deceased from

On Nov. 10 1906 to ——— 190...

that I last saw h— alive on Nov. 10 1906,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

This child had very decided rickets & neonatarum & had a hemorrhage from cord and was practically dead when born

Contributory (Primary) Jaundice (DURATION) DAYS

(Signed) John E. Counihan M.D.

Address 1300 W. Lombard st

Date Nov. 11th 1906

Place of Burial Holy Cross

Date Nov 12th 1906

Undertaker John J Cowan

Address 901 Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 95219 — Registered No. B 95219

CERTIFICATE OF DEATH.

(Place of Death.) No. 403 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Flanagan

{Residence, if in Baltimore, Give Street and Number.} 403 Dallas St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 1

AGE 40 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Georg Flanagn

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Bridget Cain

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 403 N. Dallas St

Filed 11/12 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 8 1906

that I last saw h~ alive on Nov 8 1906

and that death occurred, on the date stated above, at 7 P

11. CAUSE OF DEATH (Secondary or Immediate)

acute Cystitis

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Wilentine M.D.

Address 16. S. Broadway

Date Nov 9 1906

Place of Burial Holy Cross

Date Nov 12 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 95220 — Registered No. B 95220

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Louise Smith

{Residence, if in Baltimore, Give Street and Number.} 1429 E. Biddle St.

Duration of Residence in Baltimore. Thirty-five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— 1

AGE: 76 years, ——— months, ——— days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: ——— Dickens

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: ——— Forrester

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. J. Smith

(Address) 1429 E. Biddle St.

Filed 11/12 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10th 1906

I HEREBY CERTIFY, That I attended deceased from At intervals for several Months 190 to Nov 10 1906

that I last saw her alive on Nov 9 1906

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH ~~(Secondary or Immediate)~~

Primary. General Debility

~~Immediate~~ ——— (DURATION) several years DAYS

~~Contributory (Primary)~~ Collapse

Gradual (DURATION) ——— DAYS

(Signed) Albert T. Tuck M.D.

Address 110 N. Eutaw

Date Nov 10th 1906

Place of Burial Mt Olivet

Date Nov 12 1906.

Undertaker H. C. Wiedefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95221

City of Baltimore, (No. 1115 Linden Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriet E. Nicodemus

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 15 (Month) (Day) 1822 (Year)

AGE: 84 years, 1 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Shanandoah Valley. W. Va.

FULL NAME OF FATHER: Philip Earheart

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: Johanna McKendrie

BIRTHPLACE OF MOTHER (State or country): Jefferson Co. W. Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. J. Nichodemus

(Address) 1116 Linden Ave

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: (Month) Nov. 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 29. 1906 to Nov. 11 1906

that I last saw her alive on Nov 11 1906,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) 13 DAYS

Contributory Apfalls

(DURATION) 13 DAYS

(Signed) J. J. Nichodemus M. D.

Nov 12 1906 (Address) 1527 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetary

DATE OF BURIAL: Nov 13 1906

UNDERTAKER: Geo J Smith Co

ADDRESS: 1111 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 11 — 95222 — Registered No. B 95222

CERTIFICATE OF DEATH.

(Place of Death.) No. 923 Druid Hill Ave, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorenia K Bratton

{Residence, if in Baltimore, Give Street and Number.} 923 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lorenzo Bratton

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Bratton

(Address) 923 Druid Hill ave

Filed 11/12 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 ....

that I last saw h.... alive on ..... 190 ....

and that death occurred, on the date stated above, at ....

....M. CAUSE OF DEATH (Secondary or Immediate

Apoplexy

died suddenly (DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Silas Baccomi M.D.

Address 700 Lafayette ave (Corner)

Date Nov. 11th 1906

Place of Burial Mount Auburn Cemetery

Date Nov 13th 1906

Undertaker Felix B Pyle

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 95223 — Registered No. B 95223

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Jackson

{Residence, if in Baltimore, Give Street and Number.} 640 Vine

Duration of Residence in Baltimore. 62 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. George Hoover

(Address) 640 Vine St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9 1906

I HEREBY CERTIFY, That I attended deceased from Sept 29 1906 to Nov 9 1906

that I last saw h alive on Nov 9 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diffuse Nephritis. Acute. Edema.

(DURATION) DAYS

Contributory (Primary.) Pulmonary Edema

Embolism (DURATION) DAYS

(Signed) J Sterling Glatly M.D.

Address Bay View Asylum

Date November 10th 1906.

Place of Burial Mt Auburn Cemetery

Date November 12 1906

Undertaker Felix B Pyle

Address 112 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 95224 — Registered No. B 95224

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Page

{Residence, if in Baltimore, Give Street and Number.} 1529 Montrose Ln

Duration of Residence in Baltimore. 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: Colored

DATE OF BIRTH: 1830

AGE: 76 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Owen Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Annie Keeds

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1906 to Nov 11th 1906

that I last saw h[er] alive on Nov 11th 1906,

and that death occurred, on the date stated above, at 5 20 P.M.

I. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma of Mamma-ry Gland with Metas-tasis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Sterling Glatty M.D.

Address Bay View Asylum

Date Nov 12th 1906

Place of Burial Mt. Auburn Cemetery

Date Nov 13 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 15 — 95225 — Registered No. B 95225

CERTIFICATE OF DEATH.

(Place of Death.) No. 2132 Bolton St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abe Morgan Landin

{Residence, if in Baltimore, Give Street and Number.} 2132 Bolton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH ....1....

AGE 48 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Robert P Landin

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Fannie P Morgan

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Wholesale Cigar Dealer Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas L. Flanagan

(Address) Roland Park

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1906 to Nov 10th 1906

that I last saw h— alive on Nov 10th 1906

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetic Coma

Pulmonary Tuberculosis

(DURATION) — DAYS

Contributory (Primary.) Eclampsia

(DURATION) 1 DAYS

(Signed) Jefferis Buck M.D.

Address 2844 St Paul St

Date 11/10/06 1906

Place of Burial London Park

Date 1906 NOV 13 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX 95226 Registered No. B 95226

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CERTIFICATE OF DEATH.

(Place of Death.) No. 662 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Toney.

{ Residence, if in Baltimore, Give Street and Number. } 662 Sarah Ann St

Duration of Residence in Baltimore. 2 weeks + 4 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH Oct 24, 1906

AGE = years, = months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Isaac Toney.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Alice Wallace.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Toney

(Address) 662 Sarah Ann St.

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10, 1906.

I HEREBY CERTIFY, That I attended deceased from Oct 24, 1906 to Nov 10 1906 that I last saw her alive on Nov 10 1906, and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature delivery
(7½ months)

(DURATION) — DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) E. C. Langley M.D.

Address Md. Gen. Hospital

Date Nov 11, 1906

Place of Burial Mt Auburn Cemetery

Date Nov 12 1906

Undertaker George H Hooper

Address 609 Linden Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95227

City of Baltimore, (No. 1122 N. Vincent St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Born

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 59 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Frudick Md.

FULL NAME OF FATHER: James Born

BIRTHPLACE OF FATHER (State or country): Mongomy Co.

MAIDEN NAME OF MOTHER: Maryane Constee

BIRTHPLACE OF MOTHER (State or country): Fredick Co.

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Lema Coates

(Address) 122 N. Vincent Street

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 19 1906 to Nov 11 1906 that I last saw h er alive on Nov 11 1906, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Apoplexy.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Thomas Gibson M. D.

Nov 11 1906 (Address) 1300 Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel cemetery | DATE OF BURIAL: Nov 12 1906

UNDERTAKER: William J. Johnson | ADDRESS: 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12th 95228 Registered No. B 95228

CERTIFICATE OF DEATH.

(Place of Death.) No. 2919 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L. Hertel

{ Residence, if in Baltimore, Give Street and Number. } 2919 E. Balto. St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W. White

DATE OF BIRTH Oct. 1st 1884

AGE 22 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ind.

FULL NAME OF FATHER Henry Hertel

BIRTHPLACE OF FATHER (State or country) Ind.

MAIDEN NAME OF MOTHER Anna E. Bach

BIRTHPLACE OF MOTHER (State or country) Ind.

OCCUPATION OF DECEASED Book keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hertel

(Address) 2919 E Balto St.

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10 1906

I HEREBY CERTIFY, That I attended deceased from Jan. 8 1906 to Nov. 10 1906

that I last saw him alive on Nov 9 1906,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

10 years (DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) Frank C. Brooks M.D.

Address 713 Bank St

Date Nov. 11-06 1906

Place of Burial Balto. Cem.

Date Nov. 12th 1906

Undertaker Jno. A. Inman

Address Bank & Ann Sts

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

95229 Registered No. B 95229

CERTIFICATE OF DEATH.

(Place of Death.) No. 831 W. Barre St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Hayslup.

{Residence, if in Baltimore, Give Street and Number.} 831 W. Barre St.

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ...1...

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Shank

(Address) 831 W. Barre St

Filed 11/12 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1906

I HEREBY CERTIFY, That I attended deceased from May 1905 to Nov 10 1906 that I last saw him alive on Nov 9 1906, and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary.) Abrasion

Bronchitis (DURATION) DAYS

(Signed) J. M. Lumpkin M.D.

Address 602 S. Paca St

Date Nov 10 1906

Place of Burial Loudon Park

Date Nov 13. 1906

Undertaker Wm Cook

Address 502 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 95230 — Registered No. B 95230

CERTIFICATE OF DEATH.

(Place of Death.) No. 1611 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. W. Stussman Sr.

{Residence, if in Baltimore, Give Street and Number.} 1611 N. Gay St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W

DATE OF BIRTH: 1

AGE: 60 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John W. Stussman

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Barber.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Stussmann

(Address) 1611 N. Gay St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190,

and that death occurred on the date stated above, at 6

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Senile)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Cameron M.D.

Address Coroner.

Date Nov. 11 - 1906 190

Place of Burial Loudon Mathews

Date Nov. 14 1906

Undertaker Wm Cook

Address 1028 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 95231

City of Baltimore, (No. 1503 N. Central Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise Myers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel Myers

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Dora Bittes

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Myers

(Address) 1503 N Central Ave

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 10 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 7 1906 to Nov 10 1906

that I last saw h[illegible] alive on Nov 10 1906.

and that death occurred, on the date stated above, at 4-10 P. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 1 Years DAYS

Contributory Exhaustion

(DURATION) — DAYS

(Signed) H. W. Faus M. D.

Nov 11 1906 (Address) 12 E. 25th St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lauren Park — DATE OF BURIAL: Nov 13 1906

UNDERTAKER: Wm Cook — ADDRESS: 502 E Northern

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 11 — 95232 — Registered No. B 95232

105

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary V. Ferguson

{ Residence, if in Baltimore, Give Street and Number. } Maryland General Hosp

Duration of Residence in Baltimore. 25 days. Mothers address 921 W. Cullohs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Oct 16 1906

AGE: ..... years, ... months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Agnes Ferguson

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss May Fanning

(Address) Dundalk

Filed 11/12 1906 — HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Nov 10 1906

that I last saw h in alive on Nov 10 1906

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Diarrhea & Enteritis.

(DURATION) 25 DAYS

Contributory (Primary) Diarrhea & Enteritis (DURATION) 25 DAYS

(Signed) W. G. Jack M.D.

Address Maryland General Hosp

Date November 10 1906.

Place of Burial Greenmount Cem

Date Nov. 12. 1906.

Undertaker Wm Cook.

Address 502 E Madison

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 95233 — Registered No. B 95233

CERTIFICATE OF DEATH.

(Place of Death.) No. 304 S. Mount St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josiah Young

{Residence, if in Baltimore, Give Street and Number.} 304 S. Mount St

Duration of Residence in Baltimore. Life

D. 95233

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Brush Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne B Young

(Address) 304 S. Mount

Filed 11/12 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 11th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 11 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate) accidentally asphyxiated with Illuminating Gas in 3rd floor 304 S Mount St accidentally (DURATION) DAYS

Contributory (Primary) burned Gas on Whisky Undertaker Alcoholism (DURATION) DAYS

(Signed) Thos. C. Jones M.D. Coroner

Address

Date Nov 11 1906

Place of Burial Western

Date Nov 14 1906

Undertaker Wm Cook

Address 502 E Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 95234 — Registered No. B 95234

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1100 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James L. Counts

{Residence, if in Baltimore, Give Street and Number.} 1100 W. Lombard St

Duration of Residence in Baltimore.. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: April 15th 1816 ~~1906~~

AGE: 90 years, 6 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Pearson Counts

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Mary Hoss

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Nellie L Pindell

(Address) 1100 W. Lombard St.

Filed 11/12 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 22d 1906 to Nov. 9th 1906 that I last saw him alive on Nov. 7th 1906, and that death occurred, on the date stated above, at 2:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

(DURATION) 4 DAYS

Contributory (Primary.) Dropsy (DURATION) 3 Wks DAYS

(Signed) H. W. Kebner M.D.

Address 723 W. Lombard St.

Date Nov. 11th 1906

Place of Burial Loudon Park

Date Nov 12th 1906

Undertaker John J. Fields

Address 120 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24th — Registered No. B 95235

95235

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay view Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jennie Gardner

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum 325 S Fremont St

Duration of Residence in Baltimore. 28 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 28 years, months, days

[redacted] MARRIED,

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 9, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Nov 9 1906 that I last saw h er alive on Nov 9 1906, and that death occurred, on the date stated above, at 2:40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J. Sterling Gentry M.D.

Address

Date Nov 10 1906

Place of Burial Mount Auburn

Date Nov 12 1906

Undertaker S. L. Bowyer & Son

Address 108 W Montgomery St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 95236 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2035 Keyser St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas Mosely

{Residence, if in Baltimore, Give Street and Number.} 2035 Keyser St

Duration of Residence in Baltimore. 10 yrs

B 95236

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 24 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Va	
FULL NAME OF FATHER: Martin Mosely	
BIRTHPLACE OF FATHER (State or country): Va	
MAIDEN NAME OF MOTHER: Charolette Cowan	
BIRTHPLACE OF MOTHER (State or country): Va	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 2035 Keyser St

Filed 11/12 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-10 1906

I HEREBY CERTIFY, That I attended deceased from 10-30 1906 to 11-10 1906

that I last saw h im alive on 11-9 1906

and that death occurred, on the date stated above, at 9-55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis
Haemorrhage of
Lungs continued

(DURATION) 10 DAYS

Contributory (Primary) Lungs

(DURATION) 10 DAYS

(Signed) G. W. Bernard M.D.

Address 708 Conkar St

Date 11-10- 1906

Place of Burial Laurel

Date Nov 12 1906

Undertaker W. T. Elliott

Address 576 Pregnes Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95237

95237

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lenna Jones.

{ Residence, if in Baltimore, Give Street and Number. } 816 N Dallas St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5th 1906 to Nov 11 1906

that I last saw h[illegible] alive on Nov 11 1906

and that death occurred, on the date stated above, at 4.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Sterling Beatty, M.D.

Address Bay View Asylum

Date November 11th 1906.

Place of Burial Laurel

Date Nov 12 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

816 N. Dallas

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 95238 ... Registered No. D ... 71

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Bounty Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Armstrong

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: ____ years, 7 Weeks months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James H. Armstrong

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Ida Sewell

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Armstrong

(Address) 1429 Bounty Lane

Filed 11/12/ 1906 HARRY O. ANDREWS PERMIT CLERK S.C.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions, Jaundice and Malaria.

(DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) J. D. Lightner Coroner M.D.

Address 711 W. Fayette

Date Nov 11th 1906

Place of Burial Laurel Cemetary

Date Nov 12 1906

Undertaker John W Henderson

Address 31 N Carolina st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95239 Registered No. B 95239

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Theresa Bailey

{ Residence, if in Baltimore, Give Street and Number. } 430 Moores Alley.

Duration of Residence in Baltimore. 5 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH Sept 15, 1906

AGE — years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm. Wright

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Courtney Bailey

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Courtney Bailey

(Address) Nat. Washington, Md

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 8, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 8 1906 that I last saw h[illegible] alive on Nov 8 1906, and that death occurred, on the date stated above, at 2-15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (congenital)

Since birth (DURATION) DAYS

Contributory (Primary.) Congestion of lungs

? (DURATION) DAYS

(Signed) E. E. Lunsley M.D.

Address Md. Gen. Hospital

Date Nov 8, 1906

Place of Burial [illegible]

Date Nov 9 1906

Undertaker [illegible]

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95240

City of Baltimore, (No. 215 Ware St.; 3 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mayer Lee Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Oct (Month) 13 (Day) 1906 (Year)

AGE: ..... years, ... months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 2 30 A. M. The CAUSE OF DEATH was as follows:

Congenital Debility

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Charles Lullyeman M. D.

Nov 8 1906 (Address) 1811 N. Eden St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: ERN HOME CE. MED. CO. DATE OF BURIAL: NOV 9 1906

UNDERTAKER: Commissioner Health ADDRESS: Health Department

TO ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

270

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

271

Ward 12 95241 Registered No. B 95241

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louis Willhorii

{Residence, if in Baltimore, Give Street and Number.} 612 E. Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 63 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Deceased

(Address)

Filed 11/12 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Nov 6 1906

that I last saw him alive on Nov 6 1906,

and that death occurred, on the date stated above, at 10.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Esophagus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Parkinson M.D.

Address Johns Hopkins Hospital

Date Nov 8 1906

Place of Burial SOUTHERN HOME CEMETERY ASSOCIATION

Date NOV 8 - 1906 190

Undertaker

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 95242 Registered No. B 95242

16 b

CERTIFICATE OF DEATH.

(Place of Death.) No. Franciscan Sysene Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Bau

{Residence, if in Baltimore, Give Street and Number.} X 35 Frederick av

Duration of Residence in Baltimore. 20 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 12 / 1842

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): "Germany"

FULL NAME OF FATHER: John Beyers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: — — —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Elisabeth Dittmar

(Address) 412 East Pratt St Eutd

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Nov 10 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 10 P M.

CAUSE OF DEATH (Secondary or Immediate) accidentally Struck & Knocked down by Car # 738. United Railway & Elec Co Mfg. on Belvedere Between Walter & Mein Balto City (DURATION) DAYS

Contributory (Primary) Septic Poisoning (6 wks) Cerebral Hemorrhage (DURATION) 1 Hour DAYS

(Signed) E Frank Jones M.D. Coroner. Bup

Address

Date Nov 11th 1906

Place of Burial Holy Redeemer Cemetery

Date Wednesday Nov 14 / 1906

Undertaker F. B. Pusey

Address Frederick av Eutd

WM. J. C. DULANY CO., BALTIMORE.

Ingmt

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95243

95243

CERTIFICATE OF DEATH.

(Place of Death.) No. 701 Blucher Ave (Woodberry) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Infant of Full Name Howard & Mary Steigerwald

{ Residence, if in Baltimore, Give Street and Number. } Life

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 11 1906

AGE 5 hours

.....years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Howard C Steigerwald

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Mary C Bolte

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard C Steigerwald

(Address) 701 Blucher Ave.

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 11 1906

that I last saw h— alive on Nov 11 1906,

and that death occurred, on the date stated above, at 1 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) ½ 24 DAYS

Contributory (Primary.) Premature birth

Small wound. (DURATION) ..... DAYS

(Signed) R B Norment M.D.

Address 3543 Chestnut Ave

Date ..... 190...

Place of Burial Mt. Marys Hampden

Date Nov 12th 1906

Undertaker Wm. Schemmel & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 95244

95244

CERTIFICATE OF DEATH.

(Place of Death.) No. 512 S. Regester st. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John J. Lietzau

{Residence, if in Baltimore, Give Street and Number.} 826 S. Milton Ave.

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept. 15th 1904

AGE 2 years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Albert Lietzau

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Hildia Rotada

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert Lietzau

(Address) 826 S. Milton Ave

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 9th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1906 to Nov. 9th 1906

that I last saw him alive on Nov. 9th 1906 at 8 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

2 weeks (DURATION) DAYS

Contributory (Primary.) Acute Meningitis

2 weeks (DURATION) DAYS

(Signed) Harlan H. A. Meyer M.D.

Address 1031 N. Carey Sh.

Date Balto. Nov. 10th 1906

Place of Burial Emanuel Cemetery

Date Nov. 12th 1906

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95245 Registered No. B 95245

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CERTIFICATE OF DEATH.

(Place of Death.) No. 509 S. Port St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin D. Pierce

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

B95245

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	January 13th 1851
AGE	55 years, 9 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	David R. Pierce
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary E. Spence
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Pierce

(Address) 509 S. Port St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Nov 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Lungs

caused by Tuberculosis

of 4 yrs. Standing.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Holtzclaw M.D.

Address 711 W. Fayette

Date Nov 10th 1906

Place of Burial Trinity Cemetery

Date Nov. 13th 1906

Undertaker [illegible] & SONS,

Address S. E. Cor. Broadway & Balto Sts. and 1703-1710 Canton Avenue.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95246 Registered No. B 95246

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Husband Child of Bernard Moran / Matilda "

{ Residence, if in Baltimore, Give Street and Number. } 1628 Monument St

Duration of Residence in Baltimore. 1 day

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, ... months, 1 hour ~~days~~

SINGLE, ~~MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Bernard Moran

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Matilda Hawkins

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1628 E Monument St.

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/12/ 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1906 to Nov 11th 1906

that I last saw him alive on Nov 11th 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Neonatorum

(DURATION) 1/2 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jeffrey Buck M.D.

Address 1127 Caroline St

Date 11/12 1906

Place of Burial New Cathedral Cemetery

Date Nov. 12th 1906

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margaret Wehner

{Residence, if in Baltimore, Give Street and Number.} 956 Harford Ave

Duration of Residence in Baltimore. Life B 95247

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 59 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Cuba

FULL NAME OF FATHER George Lutz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Wehner

(Address) 956 Harford Ave

Filed 11/12 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 12 1906

that I last saw h alive on Nov 12 1906,

and that death occurred, on the date stated above, at 9 a M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) 3 DAYS

Contributory (Primary) Ventral Hernia

(DURATION) DAYS

(Signed) Burns and Wyes M.D.

Address St Josephs Hosp

Date Nov 12 1906

Place of Burial Holy Redeemer (Cemetery)

Date Nov 15 1906

Undertaker Henry Hoecke & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

95248

Registered No. B .....

City of Baltimore, (No. 57 Jenkins Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucille Kampe

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH October 20th 1905
(Month) (Day) (Year)

AGE 1 years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER J. Fred Kampe

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Ella Mitchell

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 57 Jenkins Lane

Filed 11/12 1906

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 11/5/ 1906 to 11/10/ 1906

that I last saw her alive on 11/10/ 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 3 DAYS

Contributory General debility

(DURATION) ..... DAYS

(Signed) H. Bandy Garnett M. D.

11/10/ 1906 (Address) 501-E-Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov. 12 1906

UNDERTAKER Henry Hooks Sons

ADDRESS 1307 E Eager St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 95249 — Registered No. B 95249

CERTIFICATE OF DEATH.

105

(Place of Death.) No. 515 S. Ann St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Maggie Kristyan

{Residence, if in Baltimore, Give Street and Number.} 515 S. Ann st

Duration of Residence in Baltimore. 4yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 13 1905

AGE: 1 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Stanislaus Kristijan

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Rosa Dunbek

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stanislaus Kristijan

(Address) 515 S. Ann St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 10 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 10 1906

that I last saw h[illegible] alive on Nov 10 1906

and that death occurred, on the date stated above, at 8

.....M. CAUSE OF DEATH (Secondary or Immediate

Acute Gastro Enteritis (Entero),

(DURATION) 4 DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) J. J. Valentine M.D.

Address 615 Bradley

Date Nov 11 1906

Place of Burial St Stanislaus -

Date Monday Nov 12 1906

Undertaker M. F. Sadowski,

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95250

City of Baltimore, (No. 902 Russells St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise C. Spies

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 8 (Day) 1879 (Year)

AGE: 27 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Herman Engelbach

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Müller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip C. Spies

(Address) 902 Russell st

Filed 11/12 1906. HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 5 1906 to Nov. 10 1906 that I last saw h alive on Nov. 10 1906, and that death occurred, on the date stated above, at 9 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Probable (DURATION) 365 DAYS

Contributory —— (DURATION) —— DAYS

(Signed) Thos P. McGinnis M. D.

Nov. 11 1906 (Address) 1421 Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——

How long at Place of Death? —— Days

Where was disease contracted, if not at place of death? ——

PLACE OF BURIAL OR REMOVAL: London Park

DATE OF BURIAL: Nov 13 1906

UNDERTAKER: F. A. Krause & Bro

ADDRESS: 703 Hanover

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B 95251

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Dunn

{ Residence, if in Baltimore, Give Street and Number. } 211 N. Amity St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	1
AGE	46 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wm Dove
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Ann Dove
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael P. Dunn

(Address) 211 N. Amity St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Struck due to Burns

3 hrs (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Nov 11 1906

Place of Burial St Peters Cem

Date Nov 12 1906

Undertaker Crowley Bros

Address 1500 N. Baker St 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] 95252 Registered No. B 95252

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1437 Cookie St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nicolaus Louis

{ Residence, if in Baltimore, Give Street and Number. } 1437 Cookie 5th

Duration of Residence in Baltimore. always

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Nov. 11 1906

AGE — years, — months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Here

FULL NAME OF FATHER Johann Louis

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Katherine Dosch

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johann Louis

(Address) 1437 Cookie St.

Filed 11/12 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 11 1906

that I last saw him alive on Nov 11 1906

and that death occurred, on the date stated above, at 10 m.

11. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility (DURATION) DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) [illegible] M.D.

Address 510 E. Fort Ave

Date Nov 11 1906

Place of Burial Holy Cross A.A. Co.

Date Nov 12 1906

Undertaker Jos. Hunteberke

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95253

City of Baltimore, (No. 880, Fyson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carroll Wm Tyler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: — (Month) (Day) 1 (Year)

AGE: 12 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Archr Tyler

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Josephine Thompson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Archr Tyler

(Address) 880 Fyson

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11th 1906 to Nov 12 1906 that I last saw him alive on Nov 11 1906, and that death occurred, on the date stated above, at 12.30 A. M. The CAUSE OF DEATH was as follows:

Intestinal Tuberculosis

about 6 months (DURATION) DAYS

Contributory Bronchial asthma

and exhaustion (DURATION) — DAYS

(Signed) Chas. J. Keller M. D.

Nov 12 1906 (Address) 122 W Monument St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Nov 13 1906

UNDERTAKER: R. F. Ellicott

ADDRESS: 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

Ward IV

95254

Registered No. B 95254

36

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katharine Gibson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/12 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 1906

I HEREBY CERTIFY, That I attended deceased from June 10 1906 to Nov. 11 1906

that I last saw her alive on Nov 10 1906

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Colitis

(DURATION) Sick DAYS

Contributory (Primary.) Syphilitic

Dementia (DURATION) Indefinite

(Signed) M Dunn Ly M.D.

Address Bay View Asylum

Date November 11. 1906

Place of Burial Laurel

Date Nov 12 1906

Undertaker R A Elliott

Address 506 Royce

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

33

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William C. McAfee

{Residence, if in Baltimore, Give Street and Number.} #2731 St. Paul Street

Duration of Residence in Baltimore.

B.C. 5254

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 3 1865

AGE: 41 years, 8 months, 9 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm L McAfee

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Caroline Cambell

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary McAfee

(Address) 2731 St Paul St

Filed 11/12 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 11th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1906 to Nov. 11th 1906

that I last saw h~~im~~ alive on Nov. 11th 1906,

and that death occurred, on the date stated above, at 6 05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) DAYS

Contributory (Primary.) Renal Tuberculosis

(DURATION) DAYS

(Signed) T. O. Riggs M.D.

Address 1514 Division St.

Date November 11th 1906

Place of Burial Hillsonville Ky

Date Nov 14th 1906

Undertaker Henry W. Myers & Sons

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 95256 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosella Barlow.

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infnt. Asylum B 95256

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR W

DATE OF BIRTH Oct. 1st 1906

AGE ..... years, 1 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 21 1906 to Nov 11 1906 that I last saw her alive on Nov 11 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Caroline

Date 11/11/06 1906

Place of Burial New Cathedral

Date Nov. 12th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 95257 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Walters.

{ Residence, if in Baltimore, Give Street and Number. } Lifetime

Duration of Residence in Baltimore. St Vincents Asylum

D 9525

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 24, 1906

AGE: ..... years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 11/12 1906 HARRY C. ANDRAE, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Nov 10 1906

that I last saw h[illegible] alive on Nov 10 1906.

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. St. Haywood M.D.

Address 1230 N Caroline

Date 11/11 1906

Place of Burial New Cathedral

Date Nov. 12th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

95258

Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Walker

{Residence, if in Baltimore, Give Street and Number.} St Vincents Inf Asy.

Duration of Residence in Baltimore. Fifteen

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Oct 30 1906

AGE: ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Nov 11 1906

that I last saw h[illegible] alive on Nov 10 1906

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus and Congenital Weakness

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. S. Haywood M.D.

Address 1330 N Carlton St

Date 11/11/06 1906

Place of Burial New Cathedral

Date Nov. 12 th 1906

Undertaker Martin Gehey & Sons

Address 601 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 95259 Registered No. B 95259

151

CERTIFICATE OF DEATH.

Place of Death.) No. 11. Vincent's Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isabella Ward

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W

DATE OF BIRTH Oct 14 1906

AGE ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 11/12 1906 HARRY C. EVERETT, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Nov 11 1906 that I last saw her alive on Nov 10 1906 and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Haymond M.D.

Address 1230 4 Carlyle

Date 11/11/06 1906

Place of Burial New Cathedral

Date Nov. 12th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 95260 Registered No. B 95260

CERTIFICATE OF DEATH.

(Place of Death.) No. 2512 Fait Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Harvey

{ Residence, if in Baltimore, Give Street and Number. } 2512 Fait Ave

D. 95760

Duration of Residence in Baltimore..... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 1873

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Do not Know

BIRTHPLACE OF FATHER (State or country): Do not Know

MAIDEN NAME OF MOTHER: Do not Know

BIRTHPLACE OF MOTHER (State or country): Do not Know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Lotterer

(Address) 712 S Rose St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Nov 10 1906 that I last saw him alive on Nov 10 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 Fait Ave

Date Nov 11 1906

Place of Burial Mount Carmel

Date Nov 14 1906

Undertaker St Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hannah A Gage

{Residence, if in Baltimore, Give Street and Number.} 1724 E Madison St

Duration of Residence in Baltimore. 40 Yrs. D.95261

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: December 26 1833

AGE: 68 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Calvert County Md

FULL NAME OF FATHER: Alexander Dorsey

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md

MAIDEN NAME OF MOTHER: Wilson

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex S. Sage M.D.

(Address) 727 N Bond

Filed 11/12 1906

HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 12 1906

that I last saw her alive on Nov 11 1906

and that death occurred, on the date stated above, at 1.30 A.M. CAUSE OF DEATH (Secondary or Immediate

Uraemia

6 (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Chas F. Blake M.D

Address 1523 E Balto St

Date Nov 12 1906

Place of Burial Baltimore Cemetery

Date Nov 14 1906

Undertaker J Wesley Jackson & Son

Address 745 N Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

95262 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Insanity Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henretta Nevitt

{Residence, if in Baltimore, Give Street and Number.} Baltimore, Co.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 60 yrs old.

AGE: 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Dont know

BIRTHPLACE (State or country): Reisterstown, Md.

FULL NAME OF FATHER: Nat Hanson

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: " "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Nevitt

(Address) Stafford & Lohr's lane

Filed 11/12/1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Nov 10 1906 that I last saw h ex alive on Nov 10 1906, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Rectum

(DURATION) DAYS

(Signed) H. Roberts M.D.

Address University Hospital

Date Nov. 11, 1906

Place of Burial Colored Oddfellows

Date Nov. 13. 1906

Undertaker M. W. Dill

Address 810 Fredk. Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B.....

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 1108 Pinckney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence E. Kirchner

{ Residence, if in Baltimore, Give Street and Number. } 1108 Pinckney St.

Duration of Residence in Baltimore. Life B.96263

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 16 1899

AGE: 7 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard A Kirchner

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: ~~Ellen~~ Helen Foote

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R A Kirchner

(Address) 1123 Pinckney St.

Filed 11/12/ 1906 HARRY O. ANDREWS, PERMIT CLERK, S.C.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 12 1906 that I last saw him alive on Nov 10 1906, and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria

(DURATION) 7 DAYS

Contributory (Primary.) Toxemia

(DURATION) 1 DAYS

(Signed) Jos E Timanus M.D.

Address 355 Edmondson Ave

Date Nov 12 1906

Place of Burial Loudon Park

Date Nov 13th 1906

Undertaker John F Bowman

Address 701 Hollins St

S.A.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 93264 Registered No. B 99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Parrish alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Bell

{ Residence, if in Baltimore, Give Street and Number. } 1126 Parrish alley B.93264

Duration of Residence in Baltimore. Twenty six years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 41 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Wm Fenwick	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: General house work	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence Bell

(Address) 1124 Parrish al

Filed 11/12/ 1906 HENRY C. ANDREWS, PERMIT CLERK, S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate

Heart Disease & Asthma

Died Suddenly (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Corner)

Date Nov. 12th 1906

Place of Burial H. of Ancients Grave

Date Nov 15 1906

Undertaker Samuel H. Evans

Address 1011 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95265 Register No. 2

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 207 N. Amity St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis West

{Residence, if in Baltimore, Give Street and Number.} 207 N. Amity St

Duration of Residence in Baltimore. 40 years

B. 95265

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Unknown 1

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or country): do

OCCUPATION OF DECEASED: Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary West

(Address) 207 N. Amity St

Filed 11/12/ 1906

HARRY O. ANDREWS, PERMIT CLERK. H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 10 1906

that I last saw h[illegible] alive on Nov 10 1906,

and that death occurred, on the date stated above, at 10 [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 4 DAYS

Contributory (Primary) Cerebritis

(DURATION) 2 DAYS

(Signed) W Howard M.D.

Address 937 N Fayette St

Date Nov 11 1906

Place of Burial National Cem

Date November 16th 1906

Undertaker Saml. H. Chase

Address 911 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 95266

CERTIFICATE OF DEATH.

(Place of Death.) No. 46 Druid Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 167

Full Name Alice I Hershey

{Residence, if in Baltimore, Give Street and Number.} 46 Druid Av D. 95266

Duration of Residence in Baltimore. 1 Year

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	Sept 16 1902
AGE	4 years, 2 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto Co
FULL NAME OF FATHER	James B Hershey
BIRTHPLACE OF FATHER (State or country)	Balto Co
MAIDEN NAME OF MOTHER	Ann Brewer
BIRTHPLACE OF MOTHER (State or country)	Balto Co
OCCUPATION OF DECEASED	Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James B Hershey

(Address) 46 Druid Av

Filed Nov 13 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

C. of C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1906 to Nov 12 1906

that I last saw h[illegible] alive on Nov 11 1906,

and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Severe Burn

Burns of first degree

of Right arm fore, arm

Body & legs (DURATION) 2 DAYS

Contributory (Primary) (DURATION) 2 DAYS

(Signed) D W Smythe M.D.

Address 256 - 3rd Ave

Date of Death Nov 12 1906

Place of Burial Parkton Md

Date Nov 13 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superinteuding the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 95267 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 112 W. Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Long 6.

{Residence, if in Baltimore, Give Street and Number.} 112 W. Hughes St.

Duration of Residence in Baltimore. Life

B 95267

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: March 13 1906

AGE: — years, 7 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles Long 6.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Laura White 6.

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura White 6 (mother)

(Address) 112 W Hughes St

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11 1906.

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchopneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Eto Mc Feinhardt M.D.

Address Coroner

Date November 12 1906.

Place of Burial Mt Auburn

Date Nov 13 1906

Undertaker Jno W. Tradum

Address 1900 Eastill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 95268 — Registered No. B ...

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 17 W. Hughes St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Wilson

{Residence, if in Baltimore, Give Street and Number.} #17 W. Hughes Street

Duration of Residence in Baltimore. life

B 95268

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ...1...

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Taylor

(Address) 809 S Howard St

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 12 1906

that I last saw him alive on Nov 12 1906,

and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

2 weeks (DURATION) ... DAYS

Contributory (Primary.) Stomach —

2 weeks (DURATION) ... DAYS

(Signed) C. W. Fuller M.D.

Address 712 S. Stricker St

Date Nov 12 1906

Place of Burial National Cem

Date Nov 14 1906

Undertaker Jno. H. Toadvine

Address Forrest St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95269

Registered No. B.....

City of Baltimore, (No. 306, Ramsay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helena Luckerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: Feb. (Month) 17 (Day) 1849 (Year)	
AGE: 57 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: L. Lohr	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Mary Lohr	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: — Housewife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Luckerman

(Address) 306 Ramsay St.

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Nov 10 1906 that I last saw h[illegible] alive on Nov 10 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus
Hydrometra abdominal
death from fulminous Uremia 4 DAYS
(DURATION)

Contributory ..... (DURATION) ..... DAYS

(Signed) Henry Lynn M. D.

Nov 11 1906 (Address) 1340 E Chase

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 12th 1906
UNDERTAKER	**ADDRESS**
C. H. McCormick	1729 W Lombard St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ca[illegible]

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 95270

City of Baltimore, (No. 543 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M. Leonard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joe Reeder

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Henrietta Lowns

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cecilia Buckman

(Address) 543 W. Biddle st

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 11th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 28th 1906 to Nov. 11th 1906

that I last saw her alive on Nov. 10th 1906

and that death occurred, on the date stated above, at 11-15 P. M. The CAUSE OF DEATH was as follows:

Heart Paralysis and general debility

DURATION 15 DAYS

Contributory ..... DURATION ..... DAYS

(Signed) L. H. Hoffman M. D.

Nov 12 1906 (Address) 1702 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Nov 14 1906

UNDERTAKER: Felix B. Pye — ADDRESS: 103 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

4

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 93271 Registered No. B

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 1216 Foster St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Washington

{Residence, if in Baltimore, Give Street and Number.} 1216 Foster St.

Duration of Residence in Baltimore. 42 yrs

93271

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cook.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Washington

(Address) 1216 Foster St

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11, 1906

I HEREBY CERTIFY, That I attended deceased from June 15, 1906 to Nov 11 1906 that I last saw her alive on Nov 11, 1906, and that death occurred, on the date stated above, at 2 00 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis & Anaemia.

6 months (DURATION) — DAYS

Contributory (Primary) Exhaustion & Heart failure (DURATION) DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Nov 12, 1906

Place of Burial Mt Auburn Cemetery

Date Nov 14 1906

Undertaker Felix B Pye

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 95272 Registered No. B 95272

CERTIFICATE OF DEATH.

(Place of Death.) No. 860 Columbia Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E. Strohman

{Residence, if in Baltimore, Give Street and Number.} 860 Columbia Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February January 23rd 1858

AGE: 48 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. F. Neuman

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Louisa F. Welsh

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Home Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Arnold

(Address) 738 Columbia Ave.

Filed 11/13 1906 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 10th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1906 to Nov. 10 1906 that I last saw h[er] alive on Nov 10 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 28 DAYS

Contributory (Primary) Alemtis (DURATION) DAYS

(Signed) Thos. Sperdies M.D.

Address 721 Columbia Ave

Date November 10th. 1906

Place of Burial Baltimore Cemy

Date November 13 1906

Undertaker Jos. Sverdens, Son

Address 217 S. Pecar

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95273

CERTIFICATE OF DEATH.

107

(Place of Death.) No. 104 W. Fort Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Volland.

{Residence, if in Baltimore, Give Street and Number.} 104 W. Fort Ave.

Duration of Residence in Baltimore. Lifetime B 95273

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 4th 1873

AGE 33 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William Jacobs

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Weber.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Volland.

(Address) 104 W. Fort Ave.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to Nov. 13 1906

that I last saw her alive on Nov. 12 1906

and that death occurred, on the date stated above, at 12 30 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

Appendicitis

Adhesions Normal

Confinement (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Banks M.D.

Address 1228 E. Chase

Date Nov. 13 — 1906

Place of Burial London Park Cem.

Date Nov. 14th 1906

Undertaker Jas. & Wm. John H. Tenzel

Address 1 & 3 E. Fayette & Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person ceased, and the ***cause and date of death.***

Registered No. B 95274

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Augusta St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Zada Ann Sapp —

{ Residence, if in Baltimore, Give Street and Number. } 608 Augusta St

Duration of Residence in Baltimore. Life

B 95274

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married 35 M.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Carter

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Albert H Sapp

(Address) 1634 N Caroline

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 12th 1906.

I HEREBY CERTIFY, That I attended deceased from October 25th 1906 to November 12th 1906

that I last saw h[illegible] alive on November 12th 1906,

and that death occurred, on the date stated above, at —— M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 5 DAYS

Contributory (Primary.) Smile Heart with Oedema

(Old age) (DURATION) 30 DAYS

(Signed) Wilmer Brinton, M.D.

Address S.W. Cor. Calvert & Fayette Sts.

Date November 13th 1906

Place of Burial Baltimore Cem

Date Nov. 14 1906

Undertaker Lowe Coast

Address 502 E. Hartford

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2005 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah E. Ford

{Residence, if in Baltimore, Give Street and Number.} 2005 E. Lombard st

Duration of Residence in Baltimore. 1½ Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August 1st 1882

AGE: 27 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel C Ford

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna Reden

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Stenographer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Mamie Ford

(Address) 2005 E. Lombard st

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10th 1906

I HEREBY CERTIFY, That I attended deceased from 1906 6 to Nov 10th 1906 6

that I last saw her alive on Nov 10th 1906 6, 1.40

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cr Intst Nephritis

(DURATION) 1½ DAYS

Contributory (Primary.) Uremia (DURATION) 10 DAYS

(Signed) Fred K Cummins M.D.

Address 2229 E. Baltimore st

Date November 12th 1906

Place of Burial Mt Carmel Cem.

Date November 13th 1906

Undertaker Walter Fuhrer

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95276 Registered No. B .....

CERTIFICATE OF DEATH.

54

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary H Eaves

{ Residence, if in Baltimore, Give Street and Number. } Plattsburg Mo.

Duration of Residence in Baltimore.. ?,

B 9276

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 13 1855

AGE: 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New York.

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): U.S.

MAIDEN NAME OF MOTHER: Mary E. ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A Edwin Eaves

(Address) Johns Hopkins Hospital

Filed 11/13 1906

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 12 1906

I HEREBY CERTIFY, That I attended deceased from July 17 1906 to Nov 12 1906 that I last saw h.. alive on Nov 12 1906, and that death occurred, on the date stated above, at 7.20 M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date Nov 12 1906

Place of Burial Arlington Va.

Date NOV 13 1906 190

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurdin Roach

B 95377

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1828

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Roche

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Ellen Connor

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Gardener

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Dorothy Mary

(Address) Preston & Valley Sts.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Cummins M.D.

Address Coroners Office.

Date Nov 13 — 06 190

Place of Burial Cathedral Cem

Date Nov 16 1906

Undertaker Henry C Brannigan

Address 509 Appleton St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred Sutton

{Residence, if in Baltimore, Give Street and Number.} 923 E. Hofman st. D45278

Duration of Residence in Baltimore. 26 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Mar 10 1846

AGE 60 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Harford Co. Md

FULL NAME OF FATHER Sutton

BIRTHPLACE OF FATHER (State or country) Harford Co. Md

MAIDEN NAME OF MOTHER Elizabeth Gault

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 4333 Fanvalle St

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

4333 Fanvalle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov. 11 1906

that I last saw him alive on Nov. 11 1906

and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage.

with Complete Paralysis.

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. L. Jennings M.D.

Address St Josephs Hospital

Date 11/Nov/1906 1906

Place of Burial Loudon Park

Date Nov 14 1906

Undertaker H. C. Windefeld

Address 914 Gwynn Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 2024 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Welch

{ Residence, if in Baltimore, Give Street and Number. } 2024 Ashland Ave

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH Mar 10" 1848

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Doud

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Welch

(Address) 2024, Ashland Ave

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1030 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fredk Camalier M.D.

Address Coroners Office

Date Nov 11-06 190

Place of Burial Bonnie Brae

Date Nov. 14" 1906

Undertaker Geo M. Fink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 95280 Registered No. B 95280

CERTIFICATE OF DEATH.

(Place of Death.) No. 801 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Grogan

{Residence, if in Baltimore, Give Street and Number.} 801 E. Chase St

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 6th 1839

AGE: 67 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Wm Eason

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine O'Brien

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 801 E. Chase St

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

for M Dent

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Nov 12 1906

that I last saw her alive on Nov 11th 1906

and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Hepatetes from Injury

(DURATION) 120 DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) 28 DAYS

(Signed) Edward Dent M.D.

Address 208 Equitable

Date Nov 12 1906

Place of Burial Cathedral

Date Nov 14 1906

Undertaker H. C. Wiedefeld

Address 914 Monument Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95281 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 803 Covington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Windsor

{Residence, if in Baltimore, Give Street and Number.} 803 Covington St.

D. 95281

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not Known.

AGE: 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): ~~Maine~~

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S Benneman

(Address) 803 Covington St

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 11 1906

that I last saw him alive on Nov 11 1906,

and that death occurred, on the date stated above, at 5.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) 5 DAYS

(Signed) W. J. Smith M.D.

Address 528 Hanover St

Date Nov 11 1906

Place of Burial Mt Olivet

Date Nov. 14th 1906

Undertaker Edw. J. Fanning

Address 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 413 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Durham

{Residence, if in Baltimore, Give Street and Number.} 413 Hanover st

Duration of Residence in Baltimore. 59 yrs.

B95282

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 1847

AGE: 59 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm Durham

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Mary Brisco

BIRTHPLACE OF MOTHER (State or country): Kent Co Md.

OCCUPATION OF DECEASED: Varnisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Burnett Durham

(Address) 1128, E Fort av

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11/10 1906

I HEREBY CERTIFY, That I attended deceased from on 11/10/06 190 to 190

that I last saw h alive on 11/10/06 190,

and that death occurred, on the date stated above, at 345 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Disease

Has had valvular trouble probably for years (DURATION) DAYS

Contributory (Primary) Pulmonary Congestion about 5 (DURATION) DAYS

(Signed) H D Lewis M.D.

Address 423 Hanover st.

Date 11/10/06 190

Place of Burial Loudon Park Cemetery

Date Nov 13 190

Undertaker E. J. Fanning

Address 1460 Battery av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joe Glonskovsky

{Residence, if in Baltimore, Give Street and Number.} 1609 E. Pratt St

Duration of Residence in Baltimore. Life

D. 95283

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE — years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Morris Glonskovsky

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Radlivitch

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant M. Glonskovsky

(Address 1609 E. Pratt st.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Nov. 13 1906

that I last saw him alive on Nov. 13 1906

and that death occurred, on the date stated above, at 6.55 a m. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) DAYS

Con'tributory ~~(Primary)~~ Grantton

(DURATION) DAYS

(Signed) Chas. G. Dorsey M.D.

Address City Hospital

Date November 13 1906

Place of Burial Philip Rd Rosedale

Date Nov 13 1906

Undertaker Mayer Levinson

Address 1125 Low st.

WM. J. C. DULANY CO., STATIONERS

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95284

City of Baltimore, (No. near Carroll Station 5 — Hafer, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Strokeeker

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Jan (Month) 22 (Day) 1868 (Year)

AGE: 38 years, 9 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Stroketer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Katie Schaffer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Bundler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Stroketer

(Address) 5 Hafer St

Filed 11/13 1906 HARRY C. ANDREWS, FIRST CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from ... to Coroner 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ... M. The CAUSE OF DEATH was as follows:

accidentally Struck by by Passenger train on P.B.&W. R.R. near Carroll Station

Contributory (DURATION) ... DAYS

Shock and Hemorrhage (DURATION) 2 DAYS

(Signed) C. Irvine Jones M. D.

Nov 11 1906 (Address) Coroners Office

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 5 Hafer St — How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Nov 13 1906

UNDERTAKER: Jos B. Cook | ADDRESS: 1003 W. Balto

WM. J. C. DULANY CO., BALTIMORE.

1003 W. Balto
435 Bentalou

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 3. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95285

Died Franklin Square Hospital

435 Bantalow St

City of Baltimore, (No. 435, St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Paul Meyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 8 1883 (Month) (Day) (Year)

AGE: 23 years, 4 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles F Meyer

BIRTHPLACE OF FATHER (State or country): Germany, Strakelyhan

MAIDEN NAME OF MOTHER: Germany

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Catherine Meyer

(Address) 435 Bantalow St

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 6 15 P M. The CAUSE OF DEATH was as follows:

accidentally Struck by Passenger train on P R R. near Carroll Station causing fracture Skull

(DURATION) Hours

Contributory

(DURATION) DAYS

(Signed) E Brun Lowe M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Nov 15 1906

UNDERTAKER: Jos B Cook

ADDRESS: 1083 W Balto St

Remove To 1003 W Balto St then to 435 Bantalow St

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95286

City of Baltimore, (No. 1017 N. Chapel St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John J. Heintzmann

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col —

DATE OF BIRTH: — (Month) 1 (Day) (Year)

AGE: 47 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wesley Johnson

(Address) 1017 N. Chapel St.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 12 1906 that I last saw h— alive on Nov 11 1906, and that death occurred, on the date stated above, at 12,30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia Interlobar

(DURATION) DAYS

Contributory Septicaemia

(DURATION) DAYS

(Signed) Walter R. White M. D.

Nov 12 1906 (Address) 1101 N. Bond

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: 14 Nov 1906

UNDERTAKER: Lamme & Weigle — ADDRESS: 364 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward D 95287 Registered No. B 95287

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1211 N. Carolina St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel C. Kirk

{Residence, if in Baltimore, Give Street and Number.} 1211 N. Carolina St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 13 1833

AGE 73 years, — months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Robt. S. Kirk

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Ellen E. Waters

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Brass Manfg

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(Informant) Family

(Address) 1211 N. Carolina St

Filed 11/13 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11. 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 1. 1906 to Nov. 11. 1906 that I last saw him alive on " " 1906, and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart pneumonia

(DURATION) 10 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A. Hartman M.D.

Address 1121 N. Carolina St.

Date Nov. 13. 1906

Place of Burial Greenmount Cem

Date Nov. 13 1906

Undertaker Evans & Spence

Address 1184 1200 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Balti

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the the Physician who attended during his or her last sickness, or the Coro *twenty-four hours after death*, to the Undertaker, or other person superinte can be ascertained, the full name, sex, age, condition (whether married or si

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95288

City of Baltimore, (No. 1623 Jefferson St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Mary Bertha Hutchens

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 23 years, 8 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Wm S Hutchens

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Irene Hockein

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: General Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother Irene Hutchens

(Address) 1623 B Jefferson St

Filed 11/13 1906 HARRY O. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 14 1906 to Nov. 10 1906 that I last saw h-e alive on Nov. 4 1906, and that death occurred, on the date stated above, at 7 a. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 5 Months

Contributory General Debility

and Emaciation (DURATION) — DAYS

(Signed) Jno. H. Pickel M. D.

Nov. 12 1906 (Address) 1312 Ashland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery | DATE OF BURIAL: Nov 13 1906

UNDERTAKER: D. & H. Hunt | ADDRESS: 506 Aisquith Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 6 — 95289 Registered No. B 95289

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca Sargent

{Residence, if in Baltimore, Give Street and Number.} 906 Lanvale St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Forster Sargent

BIRTHPLACE OF FATHER (State or country): West India Island

MAIDEN NAME OF MOTHER: Caroline Forster

BIRTHPLACE OF MOTHER (State or country): M.D

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Willy M. Powell

(Address) 512 N. Duncan alley

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 10 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 10 1906

that I last saw her alive on Nov 10 1906,

and that death occurred, on the date stated above, at 9 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. V. Richardson M.D.

Address John Hopkins Hosp.

Date Nov 10 1906

Place of Burial Asbury Cemetery

Date 13th Nov 1906

Undertaker E. Bryan

Address 2156 Mt Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward ... 55250 Registered No. B ...

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Proper name and history unknown

Full Name Perry

{ Residence, if in Baltimore, Give Street and Number. } ...

B 95290

Duration of Residence in Baltimore, ...

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Black
DATE OF BIRTH	1
AGE	...years, ...months, ...days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	—
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11, 1906

I HEREBY CERTIFY, That I attended deceased from June 1, 1906 to Nov. 11, 1906 that I last saw h im alive on Nov. 10, 1906 and that death occurred, on the date stated above, at 40 o'c. A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 2y 7m 10 DAYS

Contributory (Primary.) Gen. Debility

Marasmus (DURATION) 3e DAYS

(Signed) Wm Williams Lee M.D.

Address Bay View Asylum

Date November 11, 1906

Place of Burial UNIVERSITY OF MARYLAND

Date NOV 12 1906 190...

Undertaker Williams & Woodus

Address 1811 Aisquith St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2 7

WM. J. C. DULANY CO., BALTIMORE.

Adult

ANATOMICAL

Ward 9 95291 Registered No. B

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 915 Amity Court. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Brooks.

{ Residence, if in Baltimore, Give Street and Number. } 915 Amity Court.

095291

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: Nov. 8th 1906

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: James G. Brooks

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rachel Sutton.

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel A. Brooks

(Address) 915 Amity Court.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 10th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 8 1906 to Nov 10 1906 that I last saw him alive on Nov. 10 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary.) Inanition. (DURATION) 2 DAYS

(Signed) Wm. Elliott Tyson M.D.

Address 622 W. Lombard St.

Date Nov. 10th 1906

Place of Burial .....

Date NOV 12 1906 190...

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27 3

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

UNIVERSITY OF MARYLAND FOR ANATOMICAL USE

27

Ward 14 — 95292 — Registered No. B [illegible] 8

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Young

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Nov. 1 1903

AGE: 3 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McHamann

(Address) 2005 Madison Ave

Filed 11/13 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 20 1906 to Nov. 11 1906

that I last saw him alive on Nov. 1 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulm. Oedema, Bron. Pneum.

(DURATION) 4 DAYS

Contributory (Primary.) Whooping Cough

(DURATION) 11 DAYS

(Signed) Alexius McHamann M.D.

Address 2005 Madison Ave

Date Nov. 11 1906

Place of Burial UNIVERSITY OF MARYLAND

Date NOV 13 1906 1906

Undertaker [illegible]

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

2/33

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 2017 Orleans St. St. (If Death occurred in Hospital or Institution give its Name Instead of Street and Number)

Full Name Eva Morgereth

{Residence, if in Baltimore, Give Street and Number.} 2017 Orleans St.

Duration of Residence in Baltimore. 47 Years

B 95293

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	1837
AGE	69 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Morgereth

(Address) 2017 Orleans St.

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1906 to Nov. 11 1906

that I last saw h er alive on " " 1906

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate

Old Age - General debility

(DURATION) DAYS

Contributory (Primary.)

Bronchio-Pneumonia (DURATION) 10 DAYS

(Signed) H. Hellenberg M.D.

Address 1810 E Baltimore St

Date Nov. 12 1906

Place of Burial St. Alphonsus Cem.

Date 11/14/06 190

Undertaker J. Kenny & Son

Address 200 S Eldeans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward 5 — 95294 — Registered No. B 89

CERTIFICATE OF DEATH.

(Place of Death.) No. 1137 Low St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Horn

{Residence, if in Baltimore, Give Street and Number.} 1137 Low St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 16 1843

AGE: 63 years, 4 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dora Thees

(Address) 1137 Low St.

Filed 11/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Nov 11 1906

that I last saw her alive on Nov 10 1906

and that death occurred, on the date stated above, at 3 30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Laryngitis

(DURATION) 2 DAYS

Con'tributory (Primary.) Acute Laryngitis

(DURATION) 10 DAYS

(Signed) J. J. Valentine M.D.

Address 16 S Broadway

Date Nov 14 1906

Place of Burial Balto. Cem.

Date 11/14/06 190

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 95295

CERTIFICATE OF DEATH.

(Place of Death.) No. 1725 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stella E Farrell

{Residence, if in Baltimore, Give Street and Number.} 1725 Hollins St

Duration of Residence in Baltimore. Lifetime

B. 95295

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 23 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James E Farrell

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Charlotte Myers

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charlotte Myers

(Address) 1725 Hollins St

Filed 11/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Nov 11 1906

that I last saw h[illegible] alive on Nov 11 1906

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Chronic Interstitial Nephritis

(DURATION) DAYS

Contributory (Primary) —

(DURATION) DAYS

(Signed) James Boulay M.D.

Address 1701 Hollins St

Date Nov 13 1906 1906

Place of Burial New Cathedral

Date Nov 14th 1906

Undertaker John F Bowan

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Mimnesty Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ellen Daly

{ Residence, if in Baltimore, Give Street and Number. } 1202 Mc Culloch St.

Duration of Residence in Baltimore. 47.

B. 9578

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1842

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: James J Cotter

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Hannah Goggin

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: H-W.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Cordell

(Address) 1202 Mc Culloh.

Filed 11/13 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 12 1906

that I last saw h— alive on Nov 12 1906

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) 2 DAYS

Contributory (Primary.) - Nephritis -

(DURATION) DAYS

(Signed) G. N. Billups M.D.

Address Mimnesty Hospital

Date Nov. 12 1906

Place of Burial Holy Cross Cemetery

Date Nov 14 1906

Undertaker W. M. Rowton

Address 235 N. Greene St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 Dist. 8 — 95207 — Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William Rose

{Residence, if in Baltimore, Give Street and Number.} Bayview Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/12/ 1906 HARRY C. ANDREWS, PERMIT CLERK, B.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13, 1906

I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1906 to Nov 13 1906

that I last saw h in alive on Nov 13, 1906,

and that death occurred, on the date stated above, at 8.20 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Carcinoma Stomach

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J Sterling Glatty M.D.

Address

Date 190

Place of Burial Mt. Carmel Cemty

Date Nov. 14, 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 5- N. Eutaw St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Charles-W. Mitchell

{ Residence, if in Baltimore, Give Street and Number. } 5- N Eutaw St.

D. 95298

Duration of Residence in Baltimore. 2 weeks-

PERSONAL AND STATISTICAL PARTICULARS

SEX Male- | COLOR W Cuta

DATE OF BIRTH 1833

AGE 73 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Harford co Md-

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Kean

(Address) 607 Madison Ave Balto

Filed Nov 14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Clarke M.D.

Coroner

Address

Date Nov 13 1906

Place of Burial Hallstein Harford co Md

Date Nov - 14 1906

Undertaker Wm M. Gaulbert

Address 901 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James F. Crowley

{ Residence, if in Baltimore, Give Street and Number. } 137 N Bradford

Duration of Residence in Baltimore. Life

B.95299

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Bernard Crowley

BIRTHPLACE OF FATHER (State or country) Irland

MAIDEN NAME OF MOTHER Minnie Doyle

BIRTHPLACE OF MOTHER (State or country) Irland

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benard Crowley

(Address) 137 N. Bradford ave

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....;

and that death occurred, on the date stated above, at 10.3

..... M. CAUSE OF DEATH (Secondary or Immediate)

Cr Jaundice Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Uremia

..... (DURATION) ..... DAYS

(Signed) Geo R Caudell M.D.

Address Current

Date Nov 13 1906

Place of Burial Holy Cross

Date November 14 1906

Undertaker Wendell Dorsel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 95300 Registered No. B ... 95300

99

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Orphan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sena Smith

{Residence, if in Baltimore, Give Street and Number.} 789 N. Exeter St.

Duration of Residence in Baltimore. B 95300

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Moses Larsn

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Stevie Klein

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Smith

(Address) 789 N Exeter st

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Nov. 13 1906 that I last saw h[e] alive on Nov. 13 1906, and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Myocarditis

(DURATION) 14 DAYS

(Signed) Geo. Bagley Jr. M.D.

Address Hebrew Hospital

Date Nov. 13 1906

Place of Burial Philip Rd Rodo Dale,

Date Nov 14, 1906

Undertaker Max Levinson

Address 1132 Low St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 95301 Registered No. B 95301

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Good Samaritan Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lee Walker

{Residence, if in Baltimore, Give Street and Number.} 321 Durham St

Duration of Residence in Baltimore. Abt 15 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: Nov 13 1506	
AGE: 61 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Middlesex Co Va	
FULL NAME OF FATHER: Lee Walker	
BIRTHPLACE OF FATHER (State or country): Middlesex Co Va	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): Unknown	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B Jones

(Address) 506 Roper Ave

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 190 to Nov 12 1906 that I last saw him alive on Nov 12 1906 and that death occurred, on the date stated above, at 7.6 P.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Death was due to Pressing due to Coronary Embolism

(DURATION) DAYS

Con'tributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) Thos Revere Brent M.D.

Address 2538 Druid Hill Ave

Date Nov 14 1906

Place of Burial Laurel

Date Nov 14th 1906

Undertaker R. F. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95302

Registered No. B.....

City of Baltimore, (No. 1714 Carlisle Pl. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 31 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Mitchell Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Patient Cole

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Jones

(Address) 1714 Carlisle place

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Nov 12 1906

that I last saw h[illegible] alive on Nov 12 1906,

and that death occurred, on the date stated above, at 3:20 P. M. The CAUSE OF DEATH was as follows:

Primary cause Broncho Pneumonia

Exhausted from Pneumococcus Poisoning (DURATION) 15 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Hamp Julian Bayley M.D.

Nov 12 1906 (Address) 2036 Eutaw pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel | DATE OF BURIAL: Nov 14 1906

UNDERTAKER: R F Elliott | ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 95303 — Registered No. B 95303

CERTIFICATE OF DEATH.

(Place of Death.) No. 829. McKinn. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margret Cornish

{ Residence, if in Baltimore, Give Street and Number. } 829 McKinn St

Duration of Residence in Baltimore: 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: May 1841

AGE: 65 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Cambriage Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Margret McGlotton

BIRTHPLACE OF MOTHER (State or country): Cambriage Md

OCCUPATION OF DECEASED: None for Several yrs

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 829 McKinn St

Filed 11/14 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 12 1906

I HEREBY CERTIFY, That I attended deceased from June 29 1906 to Nov 12 1906 that I last saw him alive on Nov 6 1906, and that death occurred, on the date stated above, at 2=30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis (Brights Disease)

5 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. E. Heard M.D.

Address 202 Aisquith St

Date November 13 1906

Place of Burial Laurel

Date Nov 15 1906

Undertaker R. F. Elliott

Address 506 Hoyens Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

41

CERTIFICATE OF DEATH.

(Place of Death.) No. 1931 Eutaw Place St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Martha Amanda Turner

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 30 years

D 43 30H

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct. 7th 1847

AGE: 59 years, 1 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Geo. R. Harbert

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Pennington Hood

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H Turner

(Address) 1931 Eutaw Pl.

Filed 11/14 1906

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 13 1906

I HEREBY CERTIFY, That I attended deceased from May 1904 to Nov 13 1906

that I last saw her alive on Nov 12 1906,

and that death occurred, on the date stated above, at 6.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Coronary Retinis. Nephritis.

(DURATION) DAYS

Contributory (Primary)

asthenia. (DURATION) DAYS

(Signed) Henry R. Brown M.D.

Address 17 W Biddle St.

Date Nov 13 1906

Place of Burial Greenmount

Date Nov 14th 1906

Undertaker Hollenkemp & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas E. Forrester

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

D 96305

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 21st 1851

AGE: 55 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co. Md.

FULL NAME OF FATHER: Joseph Forrester

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Elizabeth A Forrester

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Plasterer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13th 1906

I HEREBY CERTIFY, That I attended deceased from June 16th 1906 to Nov 13 1906

that I last saw h.. alive on November 13 1906

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diffuse Nephritis Lobar Pneumonia. Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.) Pulmonary Edema

Arteio Sclerosis. (DURATION) DAYS

(Signed) Sterling Leatty. M.D.

Address Bay View Asylum

Date November 13th 1906.

Place of Burial Gatch's family Cemetery Back of Roofing Co

Date Nov 14th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95306 Registered No. B 95306

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 418 E. Eagar St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice M. Baker

{Residence, if in Baltimore, Give Street and Number.} 418 E. Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct 8th 1906

AGE — years, 1 months, 5 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Alonza Baker

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Jennette Mallalieu

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 418 E. Eager St

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct 8 1906 to Nov. 13 1906

that I last saw h alive on Nov 13 1906

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Valvular Heart Affection and

(DURATION) DAYS

Contributory (Primary.) Anasarca from birth (DURATION) DAYS

(Signed) J. M. Robinson M.D.

Address 776 S Paca St

Date Nov 13 1906

Place of Burial Baltimore

Date Nov 14 th 1906

Undertaker H. C. Windefeld

Address 914 Lexington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95307

City of Baltimore, (No. 617 W Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Dutton Lethridge

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: August (Month) 29 (Day) 1851 (Year)

AGE: 55 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: William Stoughton Lethridge

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Hannah Stokes

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Manager of home for aged Colored Women

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice S. Parkhurst M.D.

(Address) 1410 Park Avenue

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 29 1906 to Nov 14 1906 that I last saw her alive on Nov 14 1906, and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Coma due to Diabetes Mellitus

Has been sick since last June

DURATION DAYS

Contributory

DURATION DAYS

(Signed) Alice S Parkhurst M.D.

Nov 14 1906 (Address) 1410 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Harford Rd Friends Cemetery

DATE OF BURIAL: Nov 16 1906

UNDERTAKER: G.F. Walker

ADDRESS: 223 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B ..... 9305 .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Irwin

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 45 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: John Irwin

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Irwin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 13th 1906

I HEREBY CERTIFY, That I attended deceased from August 4th 1906 to November 13 1906

that I last saw h alive on Nov. 13 1906,

and that death occurred, on the date stated above, at 10 25 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J. Sterling Beatty M.D.

Address Bay View Asylum

Date November 13th 1906.

Place of Burial New Cathedral

Date Nov 15th 1906

Undertaker John L. Fields

Address 820 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 614 Gilmor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Infant of Mary Hall

{ Residence, if in Baltimore, Give Street and Number. } 614 Gilmor St

B.95304

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem	COLOR: Colored
DATE OF BIRTH: Oct 4. 24th 1906	
AGE: — years, — months, 20 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Graham Wilson	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Mary Hall	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Hall

(Address) 614 Gilmor St.

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate

Congenital debility

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Julian Baltzan M.D.

Address 710 Log. Av. (County)

Date Nov 13th 1906

Place of Burial Mt Auburn

Date Nov 14 1906

Undertaker Alfred J. Freeland

Address 102 North Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

95310 Register No. D

105

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital (Balto, Md.) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Margaret L. Linthicum,

D. 95310

{ Residence, if in Baltimore, Give Street and Number. } —

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown

AGE 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. P. Cockell

(Address) University Md

Filed 11/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1906 to Nov. 14, 1906 that I last saw her alive on Nov. 14, 1906, and that death occurred, on the date stated above, at 9:55 A. M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia, from post-operative absorption of breaking down tissues.

(DURATION) 7 DAYS

Contributory (Primary.) Incarcerated Umbilical hernia (DURATION) Many years DAYS

(Signed) P. B. Hayes M.D.

Address University Hospital,

Date Nov. 14, 1906

Place of Burial Woods Mill Md

Date Nov 14 1906

Undertaker Wm J Ficknen & Sons

Address 425 W Camden St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95311 Registered No. B .....

CERTIFICATE OF DEATH.

157

(Place of Death.) No. 422 N. 25th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant George W. & Alice Hughes

{ Residence, if in Baltimore, Give Street and Number. } 422 N. 25th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 13 1906

AGE: ..... years, 1 hour months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Geo W. Hughes

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Alice Parker

BIRTHPLACE OF MOTHER (State or country): East

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Hughes

(Address) 422 N. 25th St.

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Premature
1 Month
and 5 hrs

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) L. A. Richardson M.D.

Address 112 N. 25th St.

Date November 14th 1906

Place of Burial St Mary's

Date Nov 14 1906

Undertaker H. S. Marshall

Address 3539 Fallsway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1630 Bank St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Andrew Leslie Omeis

{ Residence, if in Baltimore, Give Street and Number. } Res. 1630 Bank St - D.45312

Duration of Residence in Baltimore... during life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 3rd 1906
AGE	....years, 4 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Andrew Omeis
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Annie Riffkin
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Omeis

(Address) 1630 Bank St

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 11th 1906

I HEREBY CERTIFY, That I attended deceased from November 10th 1906 to November 11th 1906

that I last saw him alive on November 11th 1906 4 P. M. and that death occurred, on the date stated above, at 4

CAUSE OF DEATH (Secondary or Immediate)

Spasms

One day (DURATION) DAYS

Contributory (Primary) Pneumonia

three days (DURATION) DAYS

(Signed) Fredk. A. Conradis M.D.

Address 2201 E. Baltimore St.

Date November 12th 1906.

Place of Burial Mt Carmel

Date November 14th 1906

Undertaker HENRY SARDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 95313

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Ross

{Residence, if in Baltimore, Give Street and Number.} 140 W. Hamilton St.

Duration of Residence in Baltimore. 5yrs

B95313

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B.

DATE OF BIRTH: 1

AGE: 24 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John Ross

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma Young

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Young

(Address) 140 W. Hamilton St

Filed 11/14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 21 1906 to Nov. 13 1906

that I last saw him alive on Nov. 13 1906

and that death occurred, on the date stated above, at 1:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tubercular Peritonitis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date November 13th 1906

Place of Burial Mt Auburn

Date Nov 15 1906

Undertaker Jas H. Bradburn

Address Druid Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B 55314

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 Hoffman Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie C. Eisemer

{Residence, if in Baltimore, Give Street and Number.} 1724 Hoffman Place

Duration of Residence in Baltimore. Life

D. 45314

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 22 1870

AGE 36 years, ... month's, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Geo. Hoffman

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Maggie McGee

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Eisemer

(Address) 1724 Hoffman Pl

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13th 1906

I HEREBY CERTIFY, That I attended deceased from October 25 1906 to November 13 1906 that I last saw h-r alive on November 1 1906 and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 6 Mos.

Contributory (Primary.)

Edwardsburg (DURATION) Days

(Signed) P. E. Lilly M.D.

Address 2451 Brunswell St

Date November 13 1906

Place of Burial Loudon Park

Date Nov 15 1906

Undertaker Robt J Turner

Address Broadway Avenue

W. M. J. C. STEARNY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95315

City of Baltimore, (No. 534 W. Preston St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel S. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	— (Month) 1 (Day) — Year)
AGE	70 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Simon Brown
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Rachel Kiel
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Clara Brown

(Address) 534 W. Preston St

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11th, Sunday, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to Nov 10th 1906 that I last saw him alive on Nov 10th 1906, and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Organic heart disease (DURATION) 8 Months

Contributory Rheumatism (DURATION) 35 Years

(Signed) Conrad M. Wise M. D.

Nov 14 1906 (Address) 706 N. Howard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Nov 14 1906
UNDERTAKER H. H. Elliott	ADDRESS 506 Myrtle Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

D.95316 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 210 Lewis St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sadie P Gamp

{Residence, if in Baltimore, Give Street and Number.} Baltimore 210 Lewis St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 15 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John P. James

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Green

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John P. James

(Address) 210 Lewis St

Filed 11/17 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 11 1906

that I last saw h— alive on Nov 11 1906

and that death occurred, on the date stated above, at 8 P.M.

CAUSE OF DEATH (Secondary or Immediate) Pneumonia contributory Heart Failure

(DURATION) 8 DAYS

Contributory (Primary.) Heart (DURATION) 8 DAYS

(Signed) Dr. J. W. Kennard M.D.

Address 708 Druid St

Date Nov 12 1906

Place of Burial Asbury

Date Nov 14 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

The Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Barbara Backe

{Residence, if in Baltimore, Give Street and Number.} St Joseph Hospital

Duration of Residence in Baltimore. 3 yrs

B. 95317

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 17 1820

AGE 86 years, 4 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Frank Backe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Hilton Backe.

(Address) Lemland & Wolfe

Filed 11/14 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 12 1906

that I last saw h[illegible] alive on Nov 12 1906,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Asthma

Myocarditis

Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Bernard Kelly M.D.

Address St. Josephs Hosp

Date Nov 12 1906

Place of Burial Calvary Cemetery Brooklyn N. Y.

Date November 15th 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 S. Haylo St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Langan

{ Residence, if in Baltimore, Give Street and Number. } 118 S Augt D. 45218

Duration of Residence in Baltimore. about 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... 1 ..... day, June 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: William Maloby

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Langan

(Address) 947 Stirling St.

Filed 11/14 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 12 1906

that I last saw h[er] alive on Nov 12 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brain Hemorrhage

From old age

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. J. Valentine M.D.

Address 6 S Bond

Date Nov 12 1906

Place of Burial St. Patrick's Cemetery

Date Nov. 16 1906

Undertaker Hamm Hoelzlein

Address 1301 E Eager St.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and the **cause and date of death.**

Ward 6 95319 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1800 d Sort St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Davies

{Residence, if in Baltimore, Give Street and Number.} 1800 d Sort St

Duration of Residence in Baltimore. 1 Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Wh.

DATE OF BIRTH: 24 Oct 1906

AGE: — years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward S Davies

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Auguste Zirckel

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward S Davies

(Address) 1800 d Sort St.

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1906 to Nov 13th 1906

that I last saw her alive on Nov 13 1906

and that death occurred, on the date stated above, at 5 P.M.

M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

~~Bronchitis~~ (DURATION) 3 DAYS

Contributory (Primary.) Bronchitis (DURATION) 3 DAYS

(Signed) Thos B. Horton M.D.

Address Curtis Bay, Md

Date Nov 14 1906

Place of Burial Baltimore Cemetery

Date Nov 14 1906

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95320

CERTIFICATE OF DEATH.

(Place of Death.) No. 114 N. Hughes St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Allen Henry Gross

{ Residence, if in Baltimore, Give Street and Number. } 114 N. Hughes St. D 95320

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH	
AGE: 3 years, months, days	
~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~	
BIRTHPLACE (State or country): Calvert co Md	
FULL NAME OF FATHER: Allen Gross	
BIRTHPLACE OF FATHER (State or country): Calvert co Md	
MAIDEN NAME OF MOTHER: Susan Brown	
BIRTHPLACE OF MOTHER (State or country): Calvert co Md	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Gross

(Address) 114 Hughes St.

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 12 1906 that I last saw h-- alive on Nov 12 1906, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart disease

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Smith M.D.

Address 578 Hanover St.

Date Nov 13th 1906

Place of Burial Mt Auburn Cem

Date Nov 14th 1906

Undertaker S. L. Brown & Son

Address 108 N Montgomery St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1573 — Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George - Thompson

{ Residence, if in Baltimore, Give Street and Number. } 1573 - Lemmon St

Duration of Residence in Baltimore... Life

D. 95321

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: June 16 1856	
AGE: 50 years, 4 months, 27 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Wm Thompson	
BIRTHPLACE OF FATHER (State or country): Balto	
MAIDEN NAME OF MOTHER: Elizabeth Fedley	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: Brick-maker	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lilly Forster (daughter)

(Address) 346 Smallwood st

Filed 11/14 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov — 13 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

3

(DURATION) DAYS

Contributory (Primary.) Asthma

(DURATION) DAYS

(Signed) G. Frank Jones M.D.
Coroner

Address

Date Nov — 14th 1906

Place of Burial Western Cemetery

Date Nov 15 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1128 Riverside Ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jas. Joseph Montgomery

{Residence, if in Baltimore, Give Street and Number.} 1128 Riverside

Duration of Residence in Baltimore. 37 years

B 45322

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug. 29 1869
AGE	37 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Henry Montgomery
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Rosa Starr
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (sister)

(Informant) Rosa Mary Phillips.

(Address) 1128 Riverside Ave

Filed 11/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from May 17 1906 to Nov 12 1906 that I last saw h.im alive on Nov 11 1906 and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo A Straus M.D.

Address 420 Hanover St

Date Nov 13 1906

Place of Burial Loudon Park

Date Nov 15 1906

Undertaker E Hart.

Address 110 E West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 Penn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Fistel

{ Residence, if in Baltimore, Give Street and Number. } 211 Penn

Duration of Residence in Baltimore. 64 years.

D 45327

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 24th 1838

AGE: 68 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Lorence Fabbs.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George D. Fistel

(Address) 646 N. Conway St.

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 13 1906

that I last saw h[illegible] alive on Nov 13 1906

and that death occurred, on the date stated above, at 9.35 A. M. CAUSE OF DEATH (Secondary or Immediate)

Secondary

Asthenia

Chronic Passive Congestion of Liver

Valvular Heart disease and

Chronic [illegible] Bright disease (DURATION) 13 DAYS

Contributory (Primary.) (A.D.T.)

(DURATION) DAYS

(Signed) E. Baldwin Jacobs M.D.

Address 534 Mosher St

Date Nov 17 1906

Place of Burial London Park Cemetery

Date Nov. 16th 1906

Undertaker Jos. H. Jos. John H. Teufel

Address 21 W. Cor. Fayette & Fremont Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alison E. Gettings

{ Residence, if in Baltimore, Give Street and Number. } 217 Harrison St (East addn)

Duration of Residence in Baltimore. Life

B 45824

PERSONAL AND STATISTICAL PARTICULARS

SEX W. | COLOR W.

DATE OF BIRTH — — 1861

AGE 45 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Richard T. Gettings

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Mary A. Mills

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Laura V. Stockton

(Address) 2 - S. Calhoun St.

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Nov 13th 1906 that I last saw h[illegible] alive on Nov 13 1906 and that death occurred, on the date stated above, at 4:15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremic Convulsions

(DURATION) DAYS

Con'tributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W. F. C. Dorsey M.D.

Address City Hospital

Date November 14th 1906

Place of Burial Western Cemetery

Date November 15 1906

Undertaker Jos B Cook

Address 1003 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lucy A. Gilpran

{Residence, if in Baltimore, Give Street and Number.} 221 Dolphin St

Duration of Residence in Baltimore. 4 yrs

B 95325

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 34 years, 11 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: George Braggs

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Anna Bell Wells

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Green

(Address) 2017 Division St

Filed 11/15 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 13 1906

I HEREBY CERTIFY, That I attended deceased from 9 12 1906 to Nov 13 1906 that I last saw h— alive on Nov 13 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Left Breast Blood-Poison

last illness

(DURATION) 55 DAYS

Contributory (Primary) Blood -

(DURATION) 55 DAYS

(Signed) Dr. G. W. Kennard M.D.

Address 708 Eutaw St

Date Nov 14 1906

Place of Burial Mt Auburn Cemetery

Date Nov 15th 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

9

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 S. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. Borowski.

{Residence, if in Baltimore, Give Street and Number.} 622 S. Wolfe St.

Duration of Residence in Baltimore. Lifetime

D 45326

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 7 1903

AGE: 3 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Peter Borowski.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katie Piotrowiak

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Borowski

(Address) 622 S. Wolfe St

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Nov. 15 1906

that I last saw him alive on Nov. 14 1906,

and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 14 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. E. Rucks M.D.

Address 2100 E. Baer St.

Date Nov. 15 1906

Place of Burial St Stanislaus

Date Nov 15 1906

Undertaker M. J. Sadowski.

Address 725 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

Funeral will Take Place 11.30 am

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 s Wolf St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fisher

{ Residence, if in Baltimore, Give Street and Number. } 714 s Wolf

Duration of Residence in Baltimore. Life

B 95327

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 7 1887

AGE: 18 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Martin Fisher.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Annie Pioritkowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Cigar makrs.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Fisher.

(Address) 714 S. Wolfe St

Filed 11/15 1906 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct 14 1906 to Nov 14 1906

that I last saw h.. alive on Nov 14 1906

and that death occurred, on the date stated above, at 11

M. CAUSE OF DEATH (Secondary or Immediate)
Acute Phthisis

(DURATION) 1 mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Valentine M.D.

Address 160 Bradley

Date Nov 14 1906

Place of Burial Holy Rood.

Date Saturday Nov 17 1906

Undertaker W F. Sadowski.

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95328 Registered No. B 165

CERTIFICATE OF DEATH.

Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph C Carroll

{Residence, if in Baltimore, Give Street and Number.} 1602 Hanover st.

B 95328

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Apr 8 1875
AGE	31 years, 7 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Ill.
FULL NAME OF FATHER	Fletcher L Carroll
BIRTHPLACE OF FATHER (State or country)	Ill.
MAIDEN NAME OF MOTHER	Sarah Ryan
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	R.R. Brakeman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry F. Broeche

(Address) 868 N. Patterson Park Ave

Filed 11/15 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 13 1906

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Shock — produced by having pelvis bone crushed also internal injuries

(DURATION) — DAYS

Contributory (Primary.) R.R. Accident

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 210 N. Caroline St.

Date Nov 14 1906

Place of Burial Western Cem

Date Nov 15th 1906

Undertaker C. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 2019 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Conrad Bergler

{ Residence, if in Baltimore, Give Street and Number. } 2019 E. Lombard st.

Duration of Residence in Baltimore. 30 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 2 1833

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Bergler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Bergler

(Address) 2019 E. Lombard

Filed 11/15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1906 to Nov. 13 1906

that I last saw him alive on Nov. 12 1906

and that death occurred, on the date stated above, at 5 — M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthma

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Valvular disease of heart (DURATION) 60 DAYS

(Signed) Pierce E. Dausch M.D.

Address 121 - Jackson Square

Date Nov. 15 1906

Place of Burial Holy Redeemer

Date Nov. 17 1906

Undertaker Jos. J. Myer

Address 1914 E. Fayette

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1120

CERTIFICATE OF DEATH.

Registered No. B 95330

City of Baltimore, (No. 1620 W Fayette St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Payton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 25 (Day) 1826 (Year)

AGE: 80 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Richard Pullen

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Payton

(Address) 1620 W Fayette St

Filed 11/15 1906 BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11. (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 14 1906

that I last saw h[er] alive on Nov 13 1906,

and that death occurred, on the date stated above, at 7:20 A. M. The CAUSE OF DEATH was as follows:

Cerebral Thrombosis
Chronic Parenchymatous Nephritis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Joseph W Hays M. D.

Nov 14 1906 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto-Cemetery | DATE OF BURIAL: Nov 16 1906

UNDERTAKER: G. F. McCormick | ADDRESS: 1729 W Lanvale

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

cause, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95331

City of Baltimore, (No. 1402, Brunt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen R. Woolford.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Co

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jos. Curtis

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Curtis

(Address) 136 S Eutaw

Filed 11/15-1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 13 Ante. 1906 to Nov 13 Post. 1906

that I last saw h er alive on Nov 13th 1906.

and that death occurred, on the date stated above, at 8.15 P.M. The CAUSE OF DEATH was as follows:

C & Laudon

(DURATION) ..... DAYS

Contributory Acute Pneumonia

Phthisis (DURATION) 110 DAYS

(Signed) Geo. H. Lauenbach M. D.

Nov 14th 1906 (Address) 635 Hacker St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cem	Nov 16 1906
UNDERTAKER	ADDRESS
Frank H Shaw	111 N Calhoun

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 X Al

Full Name Hannah Willis. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

{ Residence, if in Baltimore, Give Street and Number. } 608 X Al.

Duration of Residence in Baltimore. 36 years.

B 9533

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1846 — 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Harry Willis

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Jarvis

(Address) 72 S Iceland St.

Filed 11/15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13th 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Nov 13 1906

that I last saw h[illegible] alive on Nov 12 1906,

and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Ascites

Contributory (Primary.) (DURATION) 4 Months

(DURATION) DAYS

(Signed) F. C. Lusk M.D.

Address 1313 N. North Ave

Date Nov 13th 1906

Place of Burial Mt Auburn Cem

Date Nov 15th 1906

Undertaker Saml. W. Chase

Address 1011 N. Calhoun

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 206 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis L. Brown

{Residence, if in Baltimore, Give Street and Number.} 206 Chestnut st.

B 96322

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	?
AGE	24 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Va. & Co. Md
FULL NAME OF FATHER	Lt Brown
BIRTHPLACE OF FATHER (State or country)	— —
MAIDEN NAME OF MOTHER	— — — —
BIRTHPLACE OF MOTHER (State or country)	— — — —
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Crane

(Address) 704 Diamond st

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Convulsions 190 to Coma 190

that I last saw h — alive on — 190 —,

and that death occurred, on the date stated above, at 1 4 M. CAUSE OF DEATH (Secondary or Immediate)

Acute nephritis

(DURATION) — DAYS

Contributory (Primary.) Rheumatism

(DURATION) — DAYS

(Signed) Benj. J. Hughes M.D. Coroner

Address 1216 N. Caroline St.

Date November 14 1906

Place of Burial Laurel

Date Nov 15 1906

Undertaker W. A. Elliott

Address 506 Rogers Ave.

4

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95334

Registered No. B

City of Baltimore, (No. 2224 Boston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm H. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Colored
DATE OF BIRTH: — (Month) 1 (Day) — (Year)	
AGE: 43 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Canada
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Smith

(Address) 2224 Boston St

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 13th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to Nov 12th 1906

that I last saw h[illegible] alive on Nov 12th 1906,

and that death occurred, on the date stated above, at 5 a. m. The CAUSE OF DEATH was as follows:

Carcinoma Hysterectomy with Dilatation on Uterus Carcinoma Osteum of Uterus (DURATION) two DAYS

Contributory Pulmonary Tub Pneum (DURATION) DAYS

(Signed) W. W[illegible] M. D.

Nov 13 1906 (Address) 1220 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Nov 15 1906
UNDERTAKER: W. F. Elliott	ADDRESS: 506 Druid

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95335

Registered No. B

City of Baltimore, (No. 1647, E. Fayette St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Himmelfarb

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W
DATE OF BIRTH	Nov. 15th 1906 (Month) (Day) (Year)
AGE	years, months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	infant
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Isaac Himmelfarb
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Merrill Hosheck
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) + Isaac Himmelfarb

(Address) 1647 E. Fayette

Filed 11/15 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Nov 14 1906 to ~~1906~~ that I last saw him alive on Nov. 14 1906, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

early birth

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J Rosett M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip's Rd Rous Dale Del Run	Nov 15 1906
UNDERTAKER	ADDRESS
Max Levinson	1438 Lowe st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2216 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John W. Munford

{ Residence, if in Baltimore, Give Street and Number. } 2216 E. Biddle St.

Duration of Residence in Baltimore. Life time

95336

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 20th 1906

AGE: ... years, ... months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John W. Munford

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Georgiana Jarett

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W Munford.

(Address) 2216 E. Biddle St.

Filed 11/15 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 15th, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1906 to Nov. 15th, 1906 that I last saw h[illegible] alive on " 1906, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage from Ulcerations of Intestines and mucous membranes

(DURATION) 25 DAYS

Contributory (Primary.) Appendicitis

Pneumonia (DURATION) 1 Week DAYS

(Signed) Albert L. Singewald M.D.

Address 1202 N. Eutaw St.

Date Nov. 17th, 1906

Place of Burial Mt. Auburn

Date Nov. 15th 1906

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts. and 1705-1710 Clinton Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 2208 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Bamberger

{Residence, if in Baltimore, Give Street and Number.} 2208 Jefferson St

Duration of Residence in Baltimore 50 years

B 4332

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	March 27" 1834
AGE	72 years, 7 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Bamberger

(Address) 2208 Jefferson St.

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1906 to Nov 12 1906

that I last saw her alive on Nov 11 1906,

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 213 Orleans St

Date Nov 14. 1906

Place of Burial Balto. City

Date Nov. 15th 1906

Undertaker HENRY SANDER & SON,

Address S. E. Cor. Broadway & Balto Sts. and 1708-1710 Orleans Avenue.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF B...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95338

City of Baltimore, (No. 826, N. Gay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elenor Rose

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	W.

DATE OF BIRTH: July (Month) 22 (Day) 1835 (Year)

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: William Pye.

BIRTHPLACE OF FATHER (State or country): England.

MAIDEN NAME OF MOTHER: Elisabeth Jackson

BIRTHPLACE OF MOTHER (State or country): England.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella E. Winchester

(Address) 826 N. Gay St.

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH, Nov. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 25. 1906 to Nov. 15 1906

that I last saw h[er] alive on " 14 1906,

and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Cerebral softening

(DURATION) 15 months. DAYS

Contributory Transition

(DURATION) 5 DAYS

(Signed) W. H. Hartman M. D.

Nov. 15 1906 (Address) 1121 N Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Nov 17 1906
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Edward Powell

{ Residence, if in Baltimore, Give Street and Number. } 633 N Calvert St.

Duration of Residence in Baltimore.

D 4537

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 49 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): New York.

FULL NAME OF FATHER: O. F. Powell

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cash writer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Schaunagh

(Address) 633 N Calvert St

Filed 11/15 1906 HARRY G. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 8 1906

that I last saw him alive on Nov 8 1906

and that death occurred, on the date stated above, at 8:38 A. M. CAUSE OF DEATH (Secondary or Immediate)

Volvulus of Sigmoid

Fracture of Colon

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Henry M. Hurd M.D.

Address Johns Hopkins Hospital

Date Nov 8 1906

Place of Burial

Date 199

Undertaker

Address Health Department

JOHNS HOPKINS HOSPITAL NOV 14 1906 Commissioner Health FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95340

City of Baltimore, (No. 631 Wyeth St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Andrew J Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 25 12 1879 (Month) (Day) (Year)
AGE	27 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltw
FULL NAME OF FATHER	Phillip Smith
BIRTHPLACE OF FATHER (State or country)	Baltw
MAIDEN NAME OF MOTHER	Elesebeth Lighthiser
BIRTHPLACE OF MOTHER (State or country)	Baltw
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Smith

(Address) 1230 W. Cross St

Filed Nov 15 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Nov 14 1906

that I last saw h[illegible] alive on Nov 13 1906,

and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) 29 DAYS

Contributory Pneumonia (DURATION) 1 DAYS

(Signed) [illegible] M. D.

Nov 14 1906 (Address) 617 Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 16 1906
UNDERTAKER	ADDRESS
A Knell & Son	807 Columbia Ave

Lith

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 East Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William H Bishop

{Residence, if in Baltimore, Give Street and Number.} 6 E. Hamilton St

Duration of Residence in Baltimore. 60 years

B 9534

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W

DATE OF BIRTH: April 24 1824

AGE: 82 years, 7 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wm Bishop

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Charity Fowler

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A. Bishop

(Address) 1107 Druid Hill Ave

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13" 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1901 to Nov 13 1906

that I last saw h[illegible] alive on Nov 13 1906

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Senile Decay

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

Hiccough (DURATION) DAYS

(Signed) Chas E Lemmon M.D.

Address 405 N. Green St.

Date Nov. 14th 1906

Place of Burial Lamel cemetery

Date November 16 1906

Undertaker John A. Bishop

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95342

Registered No. B.....

City of Baltimore, (No. 573 Presstman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Delbert Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: November 11 1906 (Month) (Day) (Year)

AGE: ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Frank Thomas

BIRTHPLACE OF FATHER (State or country): Lancaster Co Pa

MAIDEN NAME OF MOTHER: Mayfield Jackson

BIRTHPLACE OF MOTHER (State or country): Lancaster Co Va.

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Thomas

(Address) 573 Presstman St

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Birth Nov 11 1906 to Nov. 13 1906 that I last saw h[illegible] alive on Nov 13 1906, and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 2 DAYS

Contributory .....

(DURATION) 2 DAYS

(Signed) D M Bamboll M. D.

Nov 14 1906 (Address) 136 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cut [illegible]burg

DATE OF BURIAL: Nov 16 1906

UNDERTAKER: Wm J Johnson

ADDRESS: 114 Baker

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95343

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of Baltimore, (No. 1316 Whatcoat St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Marie Lyles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Aug 18 (Month) (Day) 1906 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Ruben H. Lyles

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margrett T. Green

BIRTHPLACE OF MOTHER (State or country): Prince George Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margrett Lyles

(Address) 1316 Whatcoat

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12, 1906 to Nov 12, 1906

that I last saw h in alive on Nov. 12, 1906,

and that death occurred, on the date stated above, at 10 am. The CAUSE OF DEATH was as follows:

Tetanus infection

DURATION 2 DAYS

Contributory Convulsions

5 hours DURATION - DAYS

(Signed) J. Thomas Tyler M. D.

Nov 14 1906 (Address) 1316 Whatcoat

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Zion Cem

DATE OF BURIAL: Nov. 16 1906

UNDERTAKER: Wm. J. Johnson

ADDRESS: 1316 Baker

WM. J. C. DULANY CO., BALTIMORE

CERTIFICATE OF DEATH.

(Place of Death.) No. Jalmis Hospital (If Death occurred in Hospital or Institution, give Usual Name instead of Street and Number.)

Full Name Leroy Kimball

{Residence, if in Baltimore, Give Street and Number.} 816 N Washington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 19 1904

AGE One years, 10 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew L. Kimball

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Alice A. Rayner

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 816 N. Washington

Dr. (Address) Andrew L. Kimball

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 190 6

I HEREBY CERTIFY, That I attended deceased from ..... 190 ... to ..... 190 ....

that I last saw h... alive on ..... 190 ....

and that death occurred, on the date stated above, at 940 a.m. CAUSE OF DEATH (Secondary or Immediate)

Burns of body (See)

DURATION DAYS

Contributory (Primary.)

DURATION DAYS

(Signed) Lee G. Curtis M.D.

Address Coroner

Date Nov. 15 — 06 190

Place of Burial Oak Lawn

Date Nov 16 190 6

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1618 Lamont - ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine - Zurbert

{ Residence, if in Baltimore, Give Street and Number. } 1618 Lamont - ave

Duration of Residence in Baltimore. 50 years

B 63345

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 75 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zurbert

(Address) 1618 Lamont Ave

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 14 1906

that I last saw her alive on Nov 14 1906

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate

Paralysis continued -
Apoplexy -

(DURATION) 11 DAYS

Contributory (Primary.) old age

(DURATION) 11 DAYS

(Signed) Dr. H. W. Kennard M.D.

Address 708 Linden Ave

Date Nov 14 1906

Place of Burial Holy Redeemer Cemetery

Date Nov. 17 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 Penn St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Virginia Kelso

{Residence, if in Baltimore, Give Street and Number.} 7 Penn St.

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Feby 3d 1905

AGE: 1 years, 9 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. H. Kelso

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lina L. Jackson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Kelso

(Address) 7 Penn St.

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 13th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1906 to Nov. 13th 1906 that I last saw her alive on Nov. 13th 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate

Bronchitis

(DURATION) 10 DAYS

Contributory (Primary.) Cold

(DURATION) — DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Nov 14 1906

Place of Burial Mt. Auburn Cem.

Date Nov 16 1906

Undertaker H. Dayle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 95347.

Registered No. B 95347 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1317 N. Gilmor St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John St. Bric

{Residence, if in Baltimore, Give Street and Number.} 1317 N. Gilmor st

Baltimore

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Aug 9th 1849

AGE: 57 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Bric

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Eback

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas J Bric

(Address) 1317 Pattenson av,

Filed 11/15 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate

Apoplexy

died suddenly (DURATION) DAY

Contributory (Primary.)

(DURATION) DAY

(Signed) Silas Baldwin M.D

Address 700 Laf. av. (Govan)

Date Nov 14th 1906

Place of Burial Linden Park Cemetery

Date November 16 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95348

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95348

City of Baltimore, (No. 2528 Pennsylvania Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Raymo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: [redacted] 22nd 1822 (Month) (Day) (Year)

AGE: 84 years, 6 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Modist Raymo

BIRTHPLACE OF FATHER (State or country): Canada

MAIDEN NAME OF MOTHER: Martha Baker

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F Howard Raymo

(Address) 2528 Pennsylvania Ave

Filed 11/15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 14 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1906 to Nov 14th 1906 that I last saw him alive on Nov 10th 1906, and that death occurred, on the date stated above, at 8.30 A.M. The CAUSE OF DEATH was as follows:

Laryngeal Paralysis

(DURATION) 26 DAYS

Contributory Asthenia

(DURATION) 2 DAYS

(Signed) Geo J Belt M. D.

Nov 15th 1906 (Address) 1576 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Nov 16 1906
UNDERTAKER	ADDRESS
Evans Spence	118 W Mt Royal Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

95349

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95349

City of Baltimore, (No. 501 N Wolfford Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH October 5 1906
(Month) (Day) (Year)

AGE
years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Clark

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emma Reese

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Clark

(Address) 501 N Wolfford Ave

Filed 11/15 1906

MARY U. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1906 to Nov 14th 1906 that I last saw h~~im~~ alive on Nov 10th 1906, and that death occurred, on the date stated above, at 4 a M. The CAUSE OF DEATH was as follows:

Congenital Debility
(DURATION) DAYS

Contributory Malnutrition
(DURATION) DAYS

(Signed) John Boyd M. D.

Nov 15 1906 (Address) 1937 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Oak Lawn Cemetery	Nov 17 1906
UNDERTAKER	ADDRESS
Christian Miller	2334 Jefferson

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — 95350 — Registered No. B 95350

CERTIFICATE OF DEATH.

(Place of Death.) No. 527 Robert St. — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Carter Clark

{Residence, if in Baltimore, Give Street and Number.} 527 Robert St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	1
AGE	years, 1 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Carter Clark
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Mary Gardner
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carter Clark.

(Address) 527 Robert St.

Filed 11/15 1906 — MARK C. ANDREWS, PERMIT CLERK. 526. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1906 to Nov. 15 1906

that I last saw him alive on Nov. 15 1906

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Senile marks (DURATION) — DAYS

Contributory (Primary.) Insufficient diet (DURATION) — DAYS

(Signed) Edward Wheatley M.D.

Address 1230 E. Fairmount

Date Nov. 15 1906

Place of Burial Mt. Auburn Cemetery

Date November 16th 1906

Undertaker Selby B. Pye.

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95351 Registered No. B 95351

CERTIFICATE OF DEATH.

(Place of Death.) No. 1009 Bayonne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucia Trzeciak

{ Residence, if in Baltimore, Give Street and Number. } 1009 Bayonne St

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Jos Komar

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John Trzeciak

(Address) 1009 Bayonne St

Filed 11/15 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Wed Nov 14th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 14 1906 that I last saw h[illegible] alive on Nov 14 1906, and that death occurred, on the date stated above, at 3 P.M.

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Convulsions

.....(DURATION) DAYS

Contributory (Primary.)

.....(DURATION) DAYS

(Signed) E Williams M.D.

Address 1168 Chapel

Date Nov 15 1906

Place of Burial St Stanislaus

Date Friday Nov 16 " 1906

Undertaker M J Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

95352 Registered No. B 95352

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Jefferson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas M. Ricken

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore About 20 year

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH — — 1860

AGE 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER Michael Ricken

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Gardner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ricken

(Address) 710 Jefferson

Filed 11/16 1906 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at 7 ... M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

Sudden (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) Clinton Smithcems M.D. Coroner

Address 1845 N. Charles

Date Nov 14 1906

Place of Burial Greenmount

Date Nov 16 1906

Undertaker E. P. Weisfeld Sr

Address 2113 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 12 — 95353 — Registered No. B 95353

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mamie Quinn

{Residence, if in Baltimore, Give Street and Number.} 1232 N Charles St

Duration of Residence in Baltimore. 37 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH	12 – 10 – 1869
AGE	37 years, 9 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt City
FULL NAME OF FATHER	Martin Quinn
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	do not Know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Factory girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) John J Fahey

(Address) 1232 Hillman

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 14 1906

I HEREBY CERTIFY, That I attended deceased from 11/1 1906 to 11/14 1906

that I last saw h alive on 11/14 1906,

and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia

(DURATION) 3 DAYS

Contributory (Primary) Parenchymatous nephritis (DURATION) DAYS

(Signed) A. P. Bay M.D.

Address University Hospital

Date Nov 14 1906

Place of Burial New Cathedral

Date Nov 17 1906

Undertaker John J Fahey

Address 1232 Hillman St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st 95354 Registered No. B 95354

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 524 S. Rose St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Harry Smith

{Residence, if in Baltimore, Give Street and Number.} 524 S Rose St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W

DATE OF BIRTH May 21 1906

AGE ..... years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore city

FULL NAME OF FATHER Robert Smith

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mamie Bill

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr St. Smith

(Address) 524 S Rose St

Filed 11/16 1906 HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 12 1906 that I last saw h[illegible] alive on Nov 12 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Congenital debility

(DURATION) Life DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. L Long M.D.

Address 2429 Gait ave

Date Nov 14 1906

Place of Burial 5th Reformed Cem

Date Nov 16th 1906

Undertaker St Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 95355 — Registered No. B 95355

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Mrs Blanche Thomas

{Residence, if in Baltimore, Give Street and Number.} 925 Boyd St.

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16 1

AGE 28 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Michael Conoff.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mollie Carr.

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry P. Thomas

(Address) 925 Boyd St.

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 13, 1906 to Nov 14 1906 that I last saw her alive on Nov 14 1906, and that death occurred, on the date stated above, at 11-0 P.M. CAUSE OF DEATH (Secondary or Immediate

Endocarditis ?

(DURATION) DAYS

Contributory (Primary.) Heart failure.

(DURATION) 1 DAYS

(Signed) C. C Langley, M.D.

Address Md. Gen. Hospital

Date Nov 15 1906

Place of Burial St Peters

Date Nov 17 1906

Undertaker John J Corran

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15th

95356 Registered No. B 95356

CERTIFICATE OF DEATH.

(Place of Death.) No. Liberty Rd. near Fairview Ave Forest Park St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry C. Ridgely

{Residence, if in Baltimore, Give Street and Number.} Allegany Co Pa.

Duration of Residence in Baltimore. 5 days

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 6th 1869

AGE: 37 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: Henry C. Ridgely

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary E. Dean

BIRTHPLACE OF MOTHER (State or country): Balto. Co

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Clay Ridgely

(Address) Hoodlawn Md

Filed 11/16 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1906 to Nov. 15 1906

that I last saw h im alive on Nov. 15 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid

(DURATION) 24 DAYS

(Signed) Jas. L. Ridgely M.D.

Address Forest Park

Date Nov. 15 1906

Place of Burial Green Mount

Date Nov 17 1906

Undertaker J. B. Cook

Address 103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 95357 Registered No. B 95357.

159

CERTIFICATE OF DEATH.

(Place of Death.) No. 333. S. Parrish St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Calhoun Kittlebaud

{ Residence, if in Baltimore, Give Street and Number. } 333. S. Parrish

Duration of Residence in Baltimore. 29 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Oct-10 1855

AGE 57 years, 1 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Columbus Ga

FULL NAME OF FATHER David C Kittlebaud

BIRTHPLACE OF FATHER (State or country) S. C

MAIDEN NAME OF MOTHER Maria Flagg

BIRTHPLACE OF MOTHER (State or country) S C

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Hauck

(Address) 333 S. Parrish St

Filed 11/16 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 14 1906

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Committed Suicide by Shooting himself with double barrel Shot Gun

Inflamation of Bowels (DURATION) 4 DAYS

Contributory (Primary) Temporary aberation of mind (DURATION) DAYS

(Signed) Bruce Jones M.D.

Address 1 E Pratt

Date Nov 15 1906

Place of Burial Baltimore Cem.

Date Nov 16 1906

Undertaker Jos B Cook

Address 1003 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 95358 — Registered No. B 95358

CERTIFICATE OF DEATH.

(Place of Death.) No. 1043 N. Front St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catharine McCullough

{Residence, if in Baltimore, Give Street and Number.} 1043 N. Front St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Unknown 1

AGE: 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Harry Kennedy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Kate Kennedy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine McCullough

(Address) 1043 N. Front St.

Filed 11/16 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1906 to Nov 15th 1906.

that I last saw h alive on Nov 15 1906.

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

(DURATION) 21 DAYS

Con'ributory (Primary.) Arthritis

(DURATION) 10 DAYS

(Signed) Edward P. McDevitt M.D.

Address

Date Nov 15th 1906

Place of Burial New Cathedral

Date Nov 17 1906

Undertaker M. Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 et.

95359 Registered No. B 95359

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adam Flecher

{ Residence, if in Baltimore, Give Street and Number. } 802 S. Potomac St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	Nov. 8th 1906
AGE	— years, — months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Adam Flecher
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine Hamman
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Flecher

(Address) 802 S. Potomac

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1906 to Nov 15 1906 that I last saw h. alive on Nov. 15 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) — DAYS

Contributory (Primary.)

asthenia (DURATION) 7 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Canton St

Date Nov. 16th 1906

Place of Burial Int. Carmel Cem.

Date Nov. 16th 1906

Undertaker Jno. A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7D 95360 Registered No. B 95360

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1606 S Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maria C. Lucke.

{Residence, if in Baltimore, Give Street and Number.} 1606 S Charles

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: White

DATE OF BIRTH: Not Known. 1

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed.

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Casper Snyder.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Not Known.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: ~~S. Lucke~~ Depose Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S. Lucke.

(Address) 1606 S Charles

Filed 11/16 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1906 to Nov 14 1906 that I last saw her alive on Nov 13. 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Lungs

(DURATION) 9 DAYS

Contributory (Primary.) Paralysis

(DURATION) 1 Year

(Signed) Theodore Lucke M.D.

Address 914 N Charles St

Date Nov 15. 1906

Place of Burial St Alphonsus Cemetery

Date Nov. 17th 1906

Undertaker Edw. J. Fanning

Address 1460 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 95361 — Registered No. B 95361

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 533 N. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elmer Bradley

{Residence, if in Baltimore, Give Street and Number.} 533 N. Biddle St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH 1

AGE ..... years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Elmer Bradley

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Julia Johnson

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Dairyman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Bradley

(Address) 533 N. Biddle St.

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15, 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1906 to Nov. 15, 1906, that I last saw him alive on Nov. 15, 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 5 DAYS

(Signed) W. Edw. Magruder, M.D.

Address 922 Madison Ave.

Date Nov. 15, 1906.

Place of Burial Mt. Auburn Cemetery

Date Nov 17 1906

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 95362 — Registered No. B 95362

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leland Stevens

{Residence, if in Baltimore, Give Street and Number.} 203 Inloes alley

Duration of Residence in Baltimore. 8 mos

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: —— 1 ——

AGE: 26 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Mary's Co. Md

FULL NAME OF FATHER: Alex Stevens

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Butler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labourer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Clark

(Address) 738 Bradley st.

Filed 11/16 1906

HARRY C. INGRAM, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 — 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7-45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis

(DURATION) 1 DAYS

Con'ributory (Primary) Junctural nephritis

Heart by mail (DURATION) 8 DAYS

(Signed) Benj S Hayden M.D.
Coroner

Address 1216 E. Caroline st

Date Nov 16 1906

Place of Burial Sotterly Wharf St Mary's Co Md

Date Nov 17 1906

Undertaker Felix B Pye

Address 182 C Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 95363 — Registered No. B 95363

CERTIFICATE OF DEATH.

(Place of Death.) No. 414 E. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie E. Myers

{ Residence, if in Baltimore, Give Street and Number. } 414 E. Dallas St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1906

AGE ..... years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Sam. Meyers

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Minnie Morris

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam Meyers

(Address) 414 E. Dallas st

Filed 11/16 190 6 — HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 190 6

I HEREBY CERTIFY, That I attended deceased from ~ 00 to ~ 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Chapman M.D.

Address 320 N Greene St

Date Nov 16 1906

Place of Burial Philip Rd Roosdale

Date Nov 16, 1906, 190 6

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 9 — 95364 — Registered No. B 95364

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 N. Port st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Veselý

{ Residence, if in Baltimore, Give Street and Number. } 415 N Port st.

Duration of Residence in Baltimore. 2 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 6 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: John Veselý

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Marie Kral

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Veselý

(Address) 415 Port st

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1906

I HEREBY CERTIFY, That I attended deceased from November 15 1906 to Nov 15 1906 that I last saw h alive on 1906, and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 1 DAYS

(Signed) William J. Rysamek M.D.

Address 2008 Aliceanna

Date 11/16/06 1906

Place of Burial Holy Redeemer

Date Nov 18 1906

Undertaker Frank Brail

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 95365 Registered No. B 95365

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1321 N. Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice Glover

{Residence, if in Baltimore, Give Street and Number.} 1321 N. Carey

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: June 1906

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Walter Glover

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Bertie Glover

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Glover

(Address) 32 N. Carey

Filed 11/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Nov 16 1906 that I last saw h.im alive on Nov 15 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 2 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) 9 DAYS

(Signed) H. McCard M.D.

Address 2005 Druid Hill Ave

Date Nov 16 1906

Place of Burial N. W. Cemetery

Date Nov 17 1906

Undertaker Dan'l H. Hart & Son

Address 1011 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 95366 Registered No. B 95366

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 E. Madison St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Edmund Lawrence Woodside

{Residence, if in Baltimore, Give Street and Number.} 106 E. Madison St

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 30 1836

AGE: 69 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: William S. Woodside

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Rachel Beaty

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Gentleman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. L. Woodside

(Address) Annapolis, Md

Filed 11/16 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 15 1906

that I last saw him alive on Nov 14 1906

and that death occurred, on the date stated above, at 9.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 5 years

(Signed) H. Warren Buckler M.D.

Address 806 Cathedral St

Date November 15 1906

Place of Burial Greenmount

Date Nov 17th 1906

Undertaker H. W. Jenkins Sons Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95367 Registered No. B 95367.

CERTIFICATE OF DEATH.

(Place of Death.) No. 917 N Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Marshall Williams

{Residence, if in Baltimore, Give Street and Number.} 917 N Calvert St.

Duration of Residence in Baltimore. about 34 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: about 1827

AGE: about 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Berkeley Co W Va Honeywood.

FULL NAME OF FATHER: Edward Colston

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Sarah J. Brockenbrough

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. C. Page.

(Address) 917 N Calvert St

Filed 11/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 13th 1906 to Nov 16th 1906

that I last saw her alive on Nov 14 1906

and that death occurred, on the date stated above, at 7.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart exhaustion

(DURATION) 3 DAYS

Contributory (Primary) Acute Bronchitis

(DURATION) 7 DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date Nov. 16th 1906

Place of Burial Richmond Va

Date Nov 17th 1906

Undertaker Hotchkiss Son & Co

Address 2337 a Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 95368 Registered No. B 95368

81

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas R Hollyday

{Residence, if in Baltimore, Give Street and Number.} 126 N Broadway

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1866

AGE: 40 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Easton Md

FULL NAME OF FATHER: Wm. M. Hollyday

BIRTHPLACE OF FATHER (State or country): Easton Md

MAIDEN NAME OF MOTHER: Louisa P-

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. T R Hollyday

(Address) 126 N Broadway

Filed 11/16 1906 HARRY O. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Nov 15 1906 that I last saw h/m alive on Nov 15 1906, and that death occurred, on the date stated above, at 4:55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Anemia

(DURATION) 3 Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Arundel Hospital

Date November 16 1906

Place of Burial Loudon Park

Date Nov 17 1906

Undertaker H. O. Gaudlitz

Address 901 E. Baltimore

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 D 95369 Registered No. B 95369

CERTIFICATE OF DEATH.

69

(Place of Death.) No. 1 Brehms Court St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name George Moller

{ Residence, if in Baltimore, Give Street and Number. } No. 1 Brehms Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Valentine Moller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Moller

(Address) 1 Brehms Court.

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1906 to Nov. 15 1906 that I last saw h[e] alive on Nov. 15 1906, and that death occurred, on the date stated above, at 1.30 M. CAUSE OF DEATH (Secondary or Immediate)

1. Convulsions

(DURATION) 1 Hour DAYS

Contributory (Primary.) Epilepsy

(DURATION) 6 Yrs DAYS

(Signed) Jno. D. Dove M.D.

Address Cardenville Md.

Date Nov. 16 1906.

Place of Burial Holy Redeemer Cemetery

Date Nov. 17 1906

Undertaker Henry Hockley

Address 1201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95370

City of Baltimore, (No. 952 W Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard & Mary Hecht

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov 14 1906 (Month) (Day) (Year)
AGE	— years, — months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balt md
FULL NAME OF FATHER	Bernard Hecht
BIRTHPLACE OF FATHER (State or country)	Balt md
MAIDEN NAME OF MOTHER	Mary Heckhaus
BIRTHPLACE OF MOTHER (State or country)	Balt md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Hecht

(Address) 952 W Lexington St

Filed 11/16 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 16 1906

that I last saw h[e] alive on Nov 14 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Premature Labor

(DURATION) DAYS

Contributory —

(DURATION) DAYS

(Signed) Edw Greenbaum M. D.

Nov 16 1906 (Address) 517 Lan Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	11/16 1906
UNDERTAKER	ADDRESS
Wm J Schilling	95 S Pop[illegible]

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95371

City of Baltimore, (No. 11 Andrews Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Coates

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE a6mar as can be ascertained
71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Montgomery Co Md

FULL NAME OF FATHER Jacob Diggs

BIRTHPLACE OF FATHER (State or country) U.S. Montgomery Co Md

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER (State or country) Montgomery Co Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Means

(Address) No 11 Andrews Ave

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1906 to Nov 15 1906

that I last saw her alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH was as follows: Primary old age

Senility. Complicated by Chronic Emphysema and Bronchitis

3 mos 15 DAYS
(DURATION)

Contributory as stated probably existing
Emphysema Senility DURATION 1 yr 6 DAYS

(Signed) Haughton Bartley M. D.

Nov 16 1906 (Address) 2035 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Dawnestown Montgomery Co Md

DATE OF BURIAL Nov 17 1906

UNDERTAKER J. H. Owens & Son

ADDRESS 1222 Druid

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 — 95372 — Registered No. B 95372

CERTIFICATE OF DEATH.

(Place of Death.) No. 928 W Saratoga St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Henry Steubing

{Residence, if in Baltimore, Give Street and Number.} 928 W Saratoga St

Duration of Residence in Baltimore. 35 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 28 1853

AGE: 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Spittle

(Address) 728 N Saratoga St

Filed 11/16/ 1906 — HARRY O. ANDREWS PERMIT CLERK B.C.C. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 4th 1906 to Nov 14 1906

that I last saw him alive on Nov 14 1906,

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis +
Congestion of Lungs

(DURATION) 20 DAYS

Contributory (Primary) Hepatic Cirrhosis (DURATION) 41 DAYS

(Signed) August Horn M.D.

Address 25 + St Paul Sts

Date Baltimore Nov. 15th 1906

Place of Burial St Pauls Cemetery

Date Nov. 17th 1906

Undertaker George "Bender"

Address 574 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 — 95373 — Registered No. B 95373 — 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name William H. Storm

{Residence, if in Baltimore, Give Street and Number.} 1838 Hanover st.

Duration of Residence in Baltimore. 31 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Apr. 8, 1851
AGE	55 years, 7 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	W. Va.
FULL NAME OF FATHER	John Storm
BIRTHPLACE OF FATHER (State or country)	W. Va.
MAIDEN NAME OF MOTHER	Anna Amos
BIRTHPLACE OF MOTHER (State or country)	W. Va.
OCCUPATION OF DECEASED	R.R. Engineman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Emma Storm (wife)

(Address) 1838 Hanover st.

Filed 11/16 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 10 to death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 8-10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Shock accidentally Crushed legs.

(DURATION) — DAYS

Contributory (Primary) Accidentally run over by Engine 570. (DURATION) - DAYS

(Signed) Benj. S. Haydon M.D.

Address 1216 N. Carolina st.

Date Nov 16 1906

Place of Burial Woodstock, Va.

Date Nov 17th 1906

Undertaker B. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

Registered No. B 95374

95374

CERTIFICATE OF DEATH. 95374

(Place of Death.) No. 1026 N. Stockton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Katie Blackburn

{Residence, if in Baltimore, Give Street and Number.} 1026 N. Stockton St

Duration of Residence in Baltimore, Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Aug. 16th 1889
AGE	17 years, 2 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	James Blackburn
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Mary Barnes
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Blackburn

(Address) 1021 N. Stockton St.

Filed 11/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia Stat.

marriage

died accidental (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Lilian Backmon M.D.

Address 700 Laf. Ave. (Canton)

Date Nov. 15th 1906

Place of Burial Mt Auburn

Date November 17th 1906

Undertaker Alex Hinkley

Address 519 S. Bridal St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

95375

Registered No. B 95375

CERTIFICATE OF DEATH.

(Place of Death.) No. 1382 N. Carey Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie White.

{Residence, if in Baltimore, Give Street and Number.} 1382 N. Carey st.

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 61 [illegible] years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harvey Robinson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Robinson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: [illegible] Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo N White

(Address) 1382 N. Carey St

Filed 11/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16, 1906

I HEREBY CERTIFY, That I attended deceased from July 19 1906 to Nov. 16 1906

that I last saw h[illegible] alive on Nov 15 1906,

and that death occurred, on the date stated above, at 12:3[illegible] A.M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure due to

Ascites & Muscular debility (DURATION) 10 DAYS

Contributory (Primary.) Interstitial Nephritis

(DURATION) 4[illegible] DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date November 16, 1906

Place of Burial Asbury Cem

Date Nov 17th 1906

Undertaker Alex Hornsby

Address 57 & 60 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

deceased, and the **cause and date of death.**

Ward 14 95376 Registered No. B 95376

CERTIFICATE OF DEATH.

(Place of Death.) No. 1421 - Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amos Lemmac

{Residence, if in Baltimore, Give Street and Number.} 1421 Brunt St

Duration of Residence in Baltimore. 42 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Coachman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Garrett

(Address) 1413 Brunt St

Filed 11/17 1906 BARRY C. INDIANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 1906

I HEREBY CERTIFY, That I attended deceased from 8-5 1906 to Nov 16 1906

that I last saw him alive on Nov 14 1906

and that death occurred, on the date stated above, at 5.55 A.M. CAUSE OF DEATH (Secondary or Immediate

asthma bronchitis

3 months DURATION 11 DAYS

Contributory (Primary.) Heart

3 mo DURATION 11 DAYS

(Signed) Dr. G W Kennard M.D.

Address 7 & E Ensor St

Date 190

Place of Burial Mt Auburn

Date 11/17/06 190

Undertaker Alex Hensley

Address 578 W Biddle

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 95377 Registered No. B 95377

CERTIFICATE OF DEATH.

(Place of Death.) No. 1812 White St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas J. O'Connor

{Residence, if in Baltimore, Give Street and Number.} 1812 White St

Duration of Residence in Baltimore: ~~1812 White St~~ 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ——— 1878

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Maurice O'Connor

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Ellen Carmody

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jerry O'Connor

(Address) 1865 White St

Filed 11/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1906

I HEREBY CERTIFY, That I attended deceased from 13th Nov 1906 to 16th Nov 1906 that I last saw h in alive on Nov 15 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pharyngeal Abscess

(DURATION) 5 DAYS

Contributory (Primary.) Heart Failure

(DURATION) DAYS

(Signed) Dist. A. Duvall M.D.

Address 1809 Edmondson

Date Nov-16/06 1906

Place of Burial New Cathedral

Date Nov 19th 1906

Undertaker H. Fahey & Sons

Address 1002 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 95378 Registered No. B 95378

CERTIFICATE OF DEATH.

(Place of Death.) No. 406 Stiles St St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Frank Bentley

{Residence, if in Baltimore, Give Street and Number.} 406 Stiles St

Duration of Residence in Baltimore. 26 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 38 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Bentley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Nancy Young

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy Bentley

(Address) 406 Stiles St.

Filed 11/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 15th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate

Heart disease

..... (DURATION) ..... DAYS

Contributory (Primary.) Rheumatism

Pneumonia ——— (DURATION) ..... DAYS

(Signed) Oliver Bond Dennis M.D.

Address 710 Lex. Ave. (Corner)

Date Nov. 16th 1906

Place of Burial Laurel Cemetery

Date Nov 18. 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95379 Registered No. B 95379

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 629 N Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Washington

{Residence, if in Baltimore, Give Street and Number.} 629 N Dallas St

Duration of Residence in Baltimore. about 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: About Known 1

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Joseph Washington

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Hotel worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bessie Gross

(Address) 629 N Dallas

Filed 11/17 1906 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: NOV. 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 26 1906 to NOV 16 1906 that I last saw him alive on NOV 16 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

Pulmonalis

(DURATION) 21 DAYS

Contributory (Primary.) Hemorrhage and Exhaustion (DURATION) 8 DAYS

(Signed) Adolph E. Eisenberg M.D.

Address 2213 Orleans St

Date NOV 16 1906

Place of Burial Laurel Cemetery

Date NOV 19 1906

Undertaker R. H. Elliott

Address 506 Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

95380

Registered No. B.....

City of Baltimore, (No. 501 Walnut ad, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Bernard

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Frederick Co. Md.

FULL NAME OF FATHER: James Bernard

BIRTHPLACE OF FATHER (State or country): Catonsville, Md.

MAIDEN NAME OF MOTHER: Debby Tilghman

BIRTHPLACE OF MOTHER (State or country): Catonsville Md.

OCCUPATION OF DECEASED: Laundry Work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. J. Bernard, (Brother)

(Address) 153 Johns alley

Filed 11/17 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1905 to Oct. 1 1906

that I last saw h[illegible] alive on Oct. 20 1906,

and that death occurred, on the date stated above, at 8.15 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Probably 3 or 4 years (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Baker M. D.

Nov. 15 1906 (Address) 1711 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: March 17 1906

UNDERTAKER: R. St. G. Elliott

ADDRESS: 506 Roger Ave

Ward 10 95381 Registered No. B 95381

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine Ruediger

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 19th 1827

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Spanzenberg

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Catherine Belline

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 11/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1906

I HEREBY CERTIFY, That I attended deceased from ~~Nov 16~~ No record 190 to 190

that I last saw h[illegible] alive on Nov 13 1906,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

6 days (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) J A Warner M.D.

Address 1133 Valley N

Date Nov 16 1906

Place of Burial Cathedral

Date Nov 19 1906

Undertaker D Knell & Son

Address 807 Columbus Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 95382 — Registered No. B 95382

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2031 Madison ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Rachel Benjiman Dr Wolff

{ Residence, if in Baltimore, Give Street and Number. } 2031 Madison ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Oct 7th 1548

AGE: 58 years, 2 months, 9 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Benjiman Dr Wolff

BIRTHPLACE OF FATHER (State or country): Amsterdam Holland

MAIDEN NAME OF MOTHER: Sarah Benjamin

BIRTHPLACE OF MOTHER (State or country): Baltimore City Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob De Wolff

(Address) 2031 Madison ave

Filed 11/17 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 16 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Nov 16 1906

that I last saw her alive on Nov 16 1906

and that death occurred, on the date stated above, at 11.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 3½ months

Contributory (Primary) Nephritis (DURATION) 6 weeks

(Signed) Wilbur P. Morgan M.D.

Address 218 W Monument St

Date Nov. 16, 1906

Place of Burial Baltimore Hebrew cemetery

Date November 19th 1906

Undertaker Stewart & Mowen Co

Address 215 Park avenue

WM. J. C. DULANY CO., BALTIMORE.

Dr W P Morgan.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 95383 — Registered No. B 95383

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 319 S. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Hoesch.

{Residence, if in Baltimore, Give Street and Number.} 319 S. Castle St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH —— 1

AGE 35 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or Country) Baltimore

FULL NAME OF FATHER John Hoesch

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER ——

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Hoesch

(Address) 319 S Castle St

Filed 11/17 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1906 to Nov. 17 1906

that I last saw him alive on Nov 16 1906,

and that death occurred, on the date stated above, at 1.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

About (DURATION) 11 DAYS

Contributory (Primary.)

Cardiac Exhaustion (DURATION) 13 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date Nov 17. 1906

Place of Burial Holy Redeemer

Date November 19 1906

Undertaker Wendell Duffield Sons

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95384 — Registered No. B 95384

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 807 E. Pratt St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gerhard D. Schroeder

{Residence, if in Baltimore, Give Street and Number.} 807 E. Pratt St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 25th 1845

AGE: 61 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Herman Schroeder

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Meta Brinkman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dieterich Schroeder

(Address) 113 Center Market

Filed 11/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 13 1906 to Nov 15 1906 that I last saw h alive on Nov 15 1906, and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 6 DAYS

(Signed) J. Warner M.D.

Address 1120 Highland Ave

Date Nov. 16 1906

Place of Burial St Marys Forest Cem

Date November 17th 1906

Undertaker H. Snyder & Sons

Address 1710 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 95385 — Registered No. B 95385

CERTIFICATE OF DEATH.

(Place of Death.) No. 1701 Port st — St. — (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Gemeinhardt

{Residence, if in Baltimore, Give Street and Number.} 1701 N. Port st

Duration of Residence in Baltimore. 21 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: December 4th 1863

AGE: 42 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Brewer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Johanna Gemeinhardt Wife

(Address) 1701 N Port st

Filed 11/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16th 1906

I HEREBY CERTIFY, That I attended deceased from Aug 26th 1906 to Nov. 16th 1906 that I last saw him alive on Nov. 16th 1906, and that death occurred, on the date stated above, at 7.15 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Pulmonalis (DURATION) 1 year DAYS

(Signed) H Stempel M.D.

Address 1103 Valley st.

Date Balto. Nov. 17th 1906

Place of Burial Western Cemetary

Date November 19th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8

95386

Registered No. B 95386

CERTIFICATE OF DEATH.

81

(Place of Death.) No. 1735 N. Carolina St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hugh A. Morrison

{Residence, if in Baltimore, Give Street and Number.} 1735 N. Carolina St.

Duration of Residence in Baltimore. 60 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 13th 1828

AGE 78 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER William Morrison

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Sarah Bell

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1735 N. Carolina St.

Filed 11/17 1906

HARRY O. ANDREWS, CIRCUIT CLERK, J.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 16 1906

that I last saw him alive on Nov 15 1906,

and that death occurred, on the date stated above, at 6.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Arteio

Arteio Sclerosis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. W. Riley M.D.

Address 1639 Bway

Date Nov. 16 1906

Place of Burial Loudon Park Cemetery

Date Nov 19th 1906

Undertaker Evans & Spence

Address 118 W. Mt. Royal

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 95387 Registered No. B 95387

CERTIFICATE OF DEATH.

(Place of Death.) No. 1325 Presstman St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Esther Gauthier Dorsey

{Residence, if in Baltimore, Give Street and Number.} 1325 Presstman St.

Duration of Residence in Baltimore. 10 mo. 3 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Dec. 23 1905

AGE: ..... years, 10 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 1325 Presstman St

FULL NAME OF FATHER: Edward Dorsey

BIRTHPLACE OF FATHER (State or country): Kent Co, Md

MAIDEN NAME OF MOTHER: Hattie Schoolfield

BIRTHPLACE OF MOTHER (State or country): Pocomoke, Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie A Dorsey

(Address) 1325 Presstman St

Filed 11/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1906 to Nov. 16 1906

that I last saw her alive on Nov. 15 1906

and that death occurred, on the date stated above, at 1.25 A. M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. E. Riley
Senior student.

Address Md. Hom. Hospital

Date Nov. 16 1906

Place of Burial Laurel

Date Nov 17 1906

Undertaker Dr J G Jackson

Address 1421 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95388

Registered No. B

City of Baltimore, (No. 530, E. North Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine E. Brown.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	March 17, 1826 (Month) (Day) (Year)
AGE	80 years, 7 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto, Md.
FULL NAME OF FATHER	Peter Pascal
BIRTHPLACE OF FATHER (State or country)	France
MAIDEN NAME OF MOTHER	Eliza. Nice
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Y. Ing

(Address) Roland Park

Filed 11/17 1906

HARRY C. ANDREWS, Registrar

PERMIT GIVEN BY DEPUTY REGISTRAR, BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to Nov. 15 1906 that I last saw h er alive on Nov. 15 1906, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Old age

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) J. W. C. Cuddy M. D.

Nov. 16 1906 (Address) 937 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park Cem.	Nov. 18 1906
UNDERTAKER	ADDRESS
H. H. Means & Sons	105 N. Calvert

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 Registered No. B 95389

CERTIFICATE OF DEATH.

(Place of Death.) No. 1831 Fulton Terrace St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Allen Reed

{Residence, if in Baltimore, Give Street and Number.} 1831 Fulton Terrace

Duration of Residence in Baltimore. 18 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1.....

AGE: 80 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Warren Jones

(Address) 1831 Fulton Terrace

Filed 11/17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 15th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

General Dropsy

Duration ..... (DURATION) DAYS

Contributory (Primary.) Bright's Disease

(DURATION) DAYS

(Signed) Lucien Baetjer M.D.

Address 700 Eager av. Canton

Date Nov. 17th 1906

Place of Burial Laurel Cemetery.

Date November 17th 1906

Undertaker Felix Pyle.

Address 1020 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 Registered No. B 95390

CERTIFICATE OF DEATH.

95390

(Place of Death.) No. Johns Hopkins Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Crawford

{ Residence, if in Baltimore, Give Street and Number. } #1 Marsh Market

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 86 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) N.Y.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. D. Lankenau

(Address) 1913 Park Ave

Filed 11/17 1906 J.C.I. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.40 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Cr. Intest Nephritis

..... (DURATION) ..... DAYS

Contrlbutory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Fred J. H. Carnett M.D.

Address Corner

Date Nov 17 1906

Place of Burial Loudon Park

Date Nov 17th 1906

Undertaker Newton Kirk & Co

Address 233 W. Saratoga

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 Registered No. B 27

95391

CERTIFICATE OF DEATH.

(Place of Death.) No. 1235 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph A. Horger

{ Residence, if in Baltimore, Give Street and Number. } 1235 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

Made Nov 6 58 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Peter Horger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Paper hanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. M. Horger

(Address) 1235 E. Eager St.

Filed 11/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 15 1906

that I last saw him alive on Nov 14 1906

and that death occurred, on the date stated above, at 12 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Several weeks (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St

Date Nov 15 1906

Place of Burial Holy Redeemer Cemetery

Date Nov. 19 1906

Undertaker Henry Hoeksha

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

4 9

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95342

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1735 (Lamont ave) Lehman St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen E Eberle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Oct (Month) 8 (Day) 1903 (Year)

AGE: 3 years, 1 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Lewis J Eberle

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Helen P. Arnoldt

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis J Eberle

(Address) 1735 Lamont ave

Filed 11/17 1906 J.C.V. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Nov 16 1906

that I last saw her alive on Nov 16 1906,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 6 DAYS

Contributory Laryngeal obstruction

(DURATION) 1 DAY

(Signed) R G Davis M. D.

1906 (Address) 1607 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 17 1906

UNDERTAKER: Henry Houck & Son — ADDRESS: 1301 E Eager

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95393

Ward ..... Registered No. B .....

95393
29

CERTIFICATE OF DEATH.

(Place of Death.) No. 1021 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alice Johnson

{ Residence, if in Baltimore, Give Street and Number. } 1021 Druid Hill Ave.

Duration of Residence in Baltimore. about 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Fe	Colored

DATE OF BIRTH ..... 1 .....

AGE 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James Holland

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Cathren Louis

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Holland

(Address) 1021 Druid Hill Ave

Filed 11/17 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15th 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1906 to Nov. 15th 1906 that I last saw her alive on Nov. 15th 1906. and that death occurred, on the date stated above, at 4:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 2 DAYS

Contributory (Primary.) Cardiac dilatation (DURATION) — DAYS

(Signed) W. E. Carr M.D.

Address 515 Mosher St.

Date Nov. 15th 1906

Place of Burial Laurel Cemetery

Date Nov 18 1906

Undertaker George H Hooker

Address 609 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours afterdeath, to the U
can be ascertained, the full name, sex, ag

Ward V D. 95394 Registered No. B 95394

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Watson

{Residence, if in Baltimore, Give Street and Number.} 27 E Hamburg St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Mitchel Watson.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Rosetta Pilchard.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Shoemaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John T Watson.

(Address) 27 E. Hamburg st.

Filed 11/17/ 1906 HARRY C. ANDREWS, CIRCUIT CLERK S.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 13 1906 to Nov 16 1906 that I last saw h alive on Nov 16 1906, and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

(Duration) Days

Contributory (Primary.) injuries to foot nail in foot (Duration) Days

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date 11/16 1906

Place of Burial Pocomoke City

Date Nov 18 1906

Undertaker Lobin & Evans & Son

Address 1428 E Chase St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95395

Registered No. B .....

City of Baltimore, (No. 1127, Cleveland St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Streit

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March 14 1839 (Month) (Day) (Year)

AGE: 67 years, 8 months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Switzerland

FULL NAME OF FATHER: John Ramseyer

BIRTHPLACE OF FATHER (State or country): Switzerland

MAIDEN NAME OF MOTHER: Elizabeth Steiner

BIRTHPLACE OF MOTHER (State or country): Switzerland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Emma Streit

(Address) 1127 Cleveland St.

Filed Nov 18 1906 HARRY O. ANDREWS CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Nov 15 1906 that I last saw her alive on Nov 15 1906, and that death occurred, on the date stated above, at 4-30 P. M. The CAUSE OF DEATH was as follows:

Heart disease

Senility

(DURATION) ..... DAYS

Contributory Cataris Sclerosis

Several months (DURATION) ..... DAYS

(Signed) B. F. French M. D.

Nov 15 1906 (Address) 603 Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem.	Nov. 18 1906
UNDERTAKER	ADDRESS
Ph. J. Dill & Son	746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B. 95396

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. George L Pitts.

{ Residence, if in Baltimore, Give Street and Number. } Arings Mills, Md.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1.....

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Samuel Constantine.

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Elizabeth

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. J. Holbrook

(Address) Arings Mills Md.

Filed Nov 18th 1906 Registrar

REC. INDEXED PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 17, 1906 that I last saw her alive on Nov 17, 1906, and that death occurred, on the date stated above, at 6:40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uterine Fibroid

+

Ovarian Cyst

? (DURATION) ? DAYS

Contributory (Primary.) Peritonitis +

Septicaemia (DURATION) 4 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp.

Date Nov 17 1906

Place of Burial W.H. Perm Balto Co

Date Nov 19 1906

Undertaker W.H. Fuhrman

Address Catonsville Md.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. B 95347

CERTIFICATE OF DEATH.

(Place of Death.) No. 1314 E. Monument St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Dubovsky

{Residence, if in Baltimore, Give Street and Number.} 1314 E. Monument St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. | COLOR: white

DATE OF BIRTH: April 12 1906.

AGE: — years, 7 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Morris Dubovsky.

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sarah Rief.

BIRTHPLACE OF MOTHER (State or country): Russia.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Morris Dubovsky.

(Address) 1314 E. Monument St.

Filed Nov 18 1906 F. X. O'L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Nov. 16 1906 that I last saw h[illegible] alive on Nov. 16 1906, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate)

1 Bronchial asthma

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Flinder M.D.

Address 1118 E. Baltimore St.

Date 190

Place of Burial Bnai Israel Cemetery

Date Nov 18 190 6

Undertaker McGinnis & Carroll

Address 216 Cissy ville St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

14 114

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95308

Registered No. B.....

City of Baltimore, (No. 1011, W. Lexington St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Mary Schultz.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 21 1834 (Month) (Day) (Year)
AGE	72 years, 6 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	John Lutt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine Bang
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Schultz

(Address) 1011 W Lexington St

Filed Nov 18 1906 2x10 Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 30th 1906 to Nov 16th 1906

that I last saw h.. alive on Nov 16th 1906,

and that death occurred, on the date stated above, at 2.40 P. M. The CAUSE OF DEATH was as follows:

Acute Infectious Cholecystitis, complicated by Acute Suppression of urin, hemorrhage from bowels and Parotitis (DURATION) 18 DAYS

Contributory (DURATION) DAYS

(Signed Charles Gelb M. D.

Nov. 16th 1906 (Address) 1111 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cem	Nov 19 1906
UNDERTAKER	ADDRESS
Mrs Andrew Rohde Son	130 Penna Ave

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95399

Registered No. B.....

City of Baltimore, (No. 1106 Druid St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Matilda Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Unknown, About 63 yrs old
(Month) (Day) (Year)

AGE: about 63 yrs old
years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Montgomery Co Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mitchell, niece

(Address) 1106 Druid St

Filed Nov 18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 17 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Nov 17 1906 that I last saw h[illegible] alive on Nov 15 1906, and that death occurred, on the date stated above, at 1 P.M. The CAUSE OF DEATH was as follows:

Heart Disease
& Dropsy.

About 4 months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) J S Reese M. D.

Nov 18 1906 (Address) 10 W Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Nov 18th 1906

UNDERTAKER: Elmer E Wright

ADDRESS: 1364 Mary

WM. J. C. DULANY CO., BALTIMORE.

✓

Ward 10 Registered No. B 95400

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 N. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John N. Miller

{Residence, if in Baltimore, Give Street and Number.} 218 N. Poppleton St

Duration of Residence in Baltimore. Since 1890

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W White

DATE OF BIRTH Unknown

AGE Seventy One years, Eleven months, Nine days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. J. Miller

(Address) 218 N. Poppleton St

Filed Nov 18 1906 F. X. D. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1904 to Nov 17 1906

that I last saw h— alive on Nov 15 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Bronchiectasis

Typ (DURATION) DAYS

Contributory (Primary.) Arteriosclerosis

Injury (DURATION) DAYS

(Signed) T. L. Howard M.D.

Address 1329 W Fayette St

Date Nov 17 1906

Place of Burial St Matthews Cemetery

Date Nov 19 1906

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12

Registered No. B 95401

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2700 Dillon — St.

If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Sigai

{Residence, if in Baltimore, Give Street and Number.} 2700 Dillon St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March. 21 1906

AGE: — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Frank Sigai

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Brunschi

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Sigai

(Address) 2700 Dillon St

Filed Nov 18 1906 F.X.L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 17th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1906 to Nov. 17 1906

that I last saw h er alive on Nov. 16 1906

and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Gastro Enteritis (DURATION) DAYS

Contributory (Primary.)

Eclampsia (DURATION) 1 DAY

(Signed) M. J. McAvoy M.D.

Address 839 S. Caroline St.

Date Nov. 17th 1906

Place of Burial Holy Rood.

Date ~~Sunday~~ Nov 19 1906

Undertaker M F Schwenke

Address 903 E Aisquith St

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95402

Ward 1

Registered No. B 95402

105

CERTIFICATE OF DEATH.

(Place of Death.) No. 2620 Hudson St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes Marmas

{ Residence, if in Baltimore, Give Street and Number. } # 2620 Hudson St.

Duration of Residence in Baltimore. Life-time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Oct 30 1906

AGE: ..... years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Alexander Marmas.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Fronie Olis.

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexander Marmas.

(Address) 2620 Hudson St

Filed Nov 18 1906 F. J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to Nov. 17 1906

that I last saw her alive on Nov. 17 1906,

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-Colitis

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John A. Rehberger M.D.

Address #1709 Allegheny St.

Date Nov. 17 1906.

Place of Burial St Stanislaus.

Date Monday Nov 19 1906

Undertaker M. F. Dadowski

Address 703 S. Conn St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D

B 95403 Registered No. B 95405

CERTIFICATE OF DEATH.

(Place of Death.) No. ____ St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James McElroy

{Residence, if in Baltimore, Give Street and Number.} 411 South Eden

Duration of Residence in Baltimore. 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ... 1...

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Robert McElroy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John McElroy

(Address) 204 Herring

Filed Nov 8 1906 J. D. L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17th 1906

I HEREBY CERTIFY, That I attended deceased from about Nov 1st 1906 to Nov 17th 1906

that I last saw h[illegible] alive on Nov 12th 1906,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Cyanosis

... (DURATION) ... DAYS

Contributory (Primary.) Heart disease

... (DURATION) ... DAYS

(Signed) Lud B Reynolds M.D.

Address 209 N Charles

Date Nov 19th 1906

Place of Burial Holy Cross

Date Nov 19 1906

Undertaker Wendel & Ickes Co

Address 330 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward D

B 95404

Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Ehlert

{ Residence, if in Baltimore, Give Street and Number. } 903 Columbia ave

Duration of Residence in Baltimore. Life.

B 95404

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: 1

AGE: 52 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Smith

(Address) 903 Columbia Ave

Filed Nov 18 1906 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 16th 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at

H. CAUSE OF DEATH (Secondary or Immediate)

Oedema of lungs.

Contributory (Primary.) bronchopneumonia

(DURATION) DAYS

(DURATION) DAYS

(Signed) David A. Thompson Coroner M.D.

Address 1500 Highland Ave

Date Nov 16th 1906

Place of Burial Western Cemetery

Date Nov 18 1906

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

95405

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1526 Clifton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Louis Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug. (Month) 28 (Day) 1855 (Year)

AGE: 51 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Alfred Bell

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Katherine ——

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louis Bell

(Address) 1526 Clifton St.

Filed Nov 18 1906 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 16th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 1901 to Nov. 16 1906

that I last saw him alive on Nov. 16 1906,

and that death occurred, on the date stated above, at 12 25 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

5 yrs. (DURATION) ..... DAYS

Contributory Wasting & Weakness (DURATION) 7 1 DAYS

(Signed) E. C. Smith M. D.

Nov 16 1906 (Address) 1605 N. Monroe Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Nov 18 1906
UNDERTAKER	ADDRESS
Lewis F. Schaefer	816 Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 24 — Registered No. B 95406

CERTIFICATE OF DEATH.

117

(Place of Death.) No. 1445 Light St — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Thomas M. V. Norwood. D. 95406

{Residence, if in Baltimore, Give Street and Number.} 1445 Light St

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 26 1840
AGE	66 years, 5 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Frederick Md
FULL NAME OF FATHER	Belt Norwood.
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Sarah. Days
BIRTHPLACE OF MOTHER (State or country)	Not Known.
OCCUPATION OF DECEASED	Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Denga Norwood.

(Address) 1445 Light

Filed Nov 18 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 1906

I HEREBY CERTIFY, That I attended deceased from July 24th 1906 to Nov 16th 1906 that I last saw h[illegible] alive on Nov 15 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Inflamation of Pancreas.

(DURATION) 1 DAYS

Contributory (Primary.)

Erysipelas (DURATION) DAYS

(Signed) W. S. Hayden M.D.

Address 1425 Light St.

Date Nov 16th 1906. 190

Place of Burial Mt Airy. Carroll Co. Md

Date Nov 19 1906

Undertaker C. J. Fanning

Address [illegible] Battery Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. B 95407

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 1535 Jaffa Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Blake

{ Residence, if in Baltimore, Give Street and Number. } 1535 Jaffa Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE — years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William Blake

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Sarah Thomas

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 1535 Jaffa Court

Filed

190 Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16. 1905

I HEREBY CERTIFY, That I attended deceased from ~~1900~~ to ~~1900~~

that I last saw h~~im~~ alive on ~~1900~~

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (Secondary or Immediate

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Coroner

Date Nov 17 1905

Place of Burial Loudon Park Cemetery

Date Nov 18 1905

Undertaker E Bryan

Address 2456 nc Elderry · st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95408

Ward ..... Registered No. B 39

95408

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name John R. Smith

{Residence, if in Baltimore, Give Street and Number.} 714 Linden Ave

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ol

DATE OF BIRTH: Dont Know 1

AGE: 57 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va Virginia

FULL NAME OF FATHER: John Smith

BIRTHPLACE OF FATHER (State or country): Va. Va

MAIDEN NAME OF MOTHER: Mary Wilkinson

BIRTHPLACE OF MOTHER (State or country): Va Va

OCCUPATION OF DECEASED: Butler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Burke

(Address) 1107 Druid Hill Ave

Filed Nov 18 1906 J. L. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 1906

I HEREBY CERTIFY, That I attended deceased from June 5 1905 to Nov 16 1906 that I last saw him alive on Nov 12 1906, and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Intestine

(DURATION) 1 year ~~DAYS~~

Contributory (Primary)

(DURATION) DAYS

(Signed) A. D. Atkinson M.D.

Address 921 N Charles St

Date Nov 17 1906.

Place of Burial Mt Auburn Cem

Date Nov 19 1906

Undertaker J. A. Burke

Address 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

95409 1

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95409

Registered No. B.....

City of Baltimore, (No. 1935 Light St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Margaret Hamlin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH September 15 1901.
(Month) (Day) (Year)

AGE 5 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER John Hamlin

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER Mary Mary Wright Hamlin

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Mackenzie M.D.

(Address) 603 S. Sharp St.

Filed Nov 18 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1906 to Nov. 18 1906.

that I last saw h[illegible] alive on Nov. 17 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Laryngeal Diphtheria

(DURATION) 4 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C. Mackenzie M. D.

Nov. 18 1906 (Address) 603 S. Sharp St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 19 1906
UNDERTAKER	ADDRESS
Armstrong Denny Co	715 Light St

WM. J. C. DULANY CO., BALTIMORE

Funeral 2 PM Monday Nov 19/06

95410

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH. 95410

Registered No. B.....

City of Baltimore, (No. 746, Third Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles A. Beyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan. (Month) 5 (Day) 1830 (Year)

AGE: 76 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Chas. Alfred Beyer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara Miletzer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. L. Beyer

(Address) 746 - 3rd Ave

Filed Nov 18 1906 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Nov 15 1906

that I last saw him alive on Nov 15 1906,

and that death occurred, on the date stated above, at 6.30 P.M. The CAUSE OF DEATH was as follows:

Mitral Regurgitation

(DURATION) 35 DAYS

Contributory Rheumatism + Senility (DURATION) 40 DAYS

(Signed) [signature] M. D.

Nov 16 1906 (Address) 760 3rd Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden

DATE OF BURIAL: Nov 18 1906

UNDERTAKER: Horace Burgee

ADDRESS: 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95411 17

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 Registered No. B 95411

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 874 Pierce Street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Decoursey

{Residence, if in Baltimore, Give Street and Number.} 874 Pierce Street

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 81 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emanuel Watkins

(Address) 1120 Russell St

Filed Nov 18 1906 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 15 1906 that I last saw him alive on Nov 15 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 5 DAYS

Contributory (Primary.) Stomach

(DURATION) 6 DAYS

(Signed) [signature] M.D.

Address 712 S Stark St

Date Nov 17 1906

Place of Burial Mt Auburn

Date Nov 18 1906

Undertaker Jno. N. Swadner

Address 300 Whitehall St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

95412 — Ward 7 V — Registered No. B 95412

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 645 Haw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Garrett

{Residence, if in Baltimore, Give Street and Number.} 645 Haw Ave

Duration of Residence in Baltimore. 66

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 67 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs H. Garrett

(Address) 645 Haw St

Filed Nov 16 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 15th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Nov 15 1906

that I last saw her alive on Nov 15 1906

and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Atrophy

Cerebral Hemorrhage (DURATION) DAYS

Contributory (Primary.) Arteriosclerosis (DURATION) DAYS

(Signed) Wm Lee M.D.

Address 1 W Lexington St

Date Nov 17th 1906

Place of Burial Mt Auburn Cem

Date Nov 18th 1906

Undertaker Saml H Chase

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person in charge of the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age,** single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 95413

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen C Clark

{Residence, if in Baltimore, Give Street and Number.} 812 N. Dallas str.

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH December 25th 1867

AGE 38 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co. Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jane Clark

(Address) 812 N. Dallas St

Filed Nov 18 1906 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 15th 1906.

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to November 15th 1906, that I last saw him alive on November 15th 1906 and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

General Tuberculosis (DURATION) 6 months. DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Charles A. Wiley Sr M.D.

Address 1031 N. Caroline St.

Date November 16th 1906.

Place of Burial Laurel Cemetery

Date Nov 19th 1906

Undertaker Chas S. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95414 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 877 Ramsay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E Oakley

{Residence, if in Baltimore, Give Street and Number.} #877 Ramsay St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: January 2nd 1864

AGE: 42 years, 1 months, 15 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John E Oakley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Cathrine Dougherty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Murray

(Address) #877 Ramsay

Filed 11/18/1906 — HARRY O. ANDREWS, PERMIT CLERK. S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1906 to Nov 16 1906

that I last saw him alive on Nov 16 1906,

and that death occurred, on the date stated above, at 9 a.m. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Pneumonia

Three days (DURATION) 3 DAYS

Con'tributory (Primary.) Bright's (DURATION) 90 DAYS

(Signed) H. Schlieder M.D.

Address #1206 N. Payson St

Date November 17th 1906

Place of Burial St. Peters Cem

Date Nov 18 1906

Undertaker Jacob Ahrens & Co

Address 754 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward { 7R 95415 Registered No. B 95415

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 Battery Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dolores R. Selway

{ Residence, if in Baltimore, Give Street and Number. } 1129 Battery Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Feb. 18th 1906

AGE — years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER John. T Selway.

BIRTHPLACE OF FATHER (State or country) Balto Md.

MAIDEN NAME OF MOTHER Gundegunda. Buck

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Father)

(Address) 1129 Battery Ave.

Filed 11/18 1906 HENRY C. ANDREWS, ASST. CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1906

I HEREBY CERTIFY, That I attended deceased from Novbr 6 1906 to Nov 16 1906 that I last saw her alive on Nov 16 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebro Spinal Meningitis

(DURATION) 10 days

Contributory (Primary) Convulsions

(DURATION) 1 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Eutaw St

Date Nov 17 1906

Place of Burial Holy Cross Cem Co.

Date Nov 19 1906

Undertaker E Wade.

Address 115 E West St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 — 95416 — Registered No. B 95416

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Henry Baker

{Residence, if in Baltimore, Give Street and Number.} 243. Roland Ave.

Duration of Residence in Baltimore. 19 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Nov 10, 1887

AGE: 19 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Nelson H Baker

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Ida A. Downey.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Baker.

(Address) 243 Roland Ave.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 18, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26, 1906 to Nov 18, 1906 that I last saw him alive on Nov 18, 1906, and that death occurred, on the date stated above, at 12-20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis. (Pulmonary)

(DURATION) — DAYS

Contributory (Primary.) Cachexia 7

Heart Failure (DURATION) — DAYS

(Signed) E. E. Lemley M.D.

Address Md. Gen. Hosp.

Date Nov 18 1906

Place of Burial Patapsco Md

Date Nov 20 1906

Undertaker A S Marshall

Address 2539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 95417 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 255 Arch St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Ayler

{ Residence, if in Baltimore, Give Street and Number. } 255 Arch St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR C

DATE OF BIRTH ..... 1 .....

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Walbe

(Address) 255 Arch St

Filed 11/18/ 1906 HARRY C. ANDREWS CITY CLERK Registrar S.L.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Chr. Bright's

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Harkins M.D.

Address 1002 W Lex ave

Date Nov 18 1906

Place of Burial Laurel Cemetery

Date Nov 18. 1906

Undertaker E R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 — 95418 — Registered No. B 95418

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto Lantz

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Christopher Lantz

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Martha Steinhagen

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Ryder

(Address) Md Penitentiary

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from Feb 5 1904 to Nov 17 1906 that I last saw h alive on Nov 16 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis

over 3 yrs (DURATION) DAYS

Contributory (Primary.) Epilepsy

over 3 yrs (DURATION) DAYS

(Signed) Theodore Lewis Jr. M.D.

Address 1808 N. Charles St

Date Nov 17 1906

Place of Burial Baltimore Co

Date Nov 19 1906

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95419 Registered No. B 95419

CERTIFICATE OF DEATH.

(Place of Death.) No. 1012 Second Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James A Barker

{Residence, if in Baltimore, Give Street and Number.} 1012 Second Ave
Head of Family

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 6th 190-

AGE: ..... years, 2 months, 11 days

SINGLE, ~~MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Jas H Barker

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Anna Bohner

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Barker

(Address) 1012 Second Ave

Filed 11/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Nov 17 1906 that I last saw him alive on Nov. 16 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) ½ hr DAYS,

Contributory (Primary.) Broncho Pneumonia

(DURATION) 5 DAYS

(Signed) Jno E Donaghe M.D.

Address 1740 Park Ave

Date Nov 17 1906

Place of Burial Western Cemetery

Date Nov 19 1906

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95420

City of Baltimore, (No. 405 E. 24th St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Franklin P. Krumholtz

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Aug 28 1906 (Month) (Day) (Year)
AGE	..... years, 2 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Co Md
FULL NAME OF FATHER	John Krumholtz
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Henrietta M. Batheris
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krumholtz

(Address) 405 E. 24th St

Filed 11/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 17 1906 that I last saw him alive on Nov 16 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Convulsions

(DURATION) 1 DAYS

Contributory Meningitis

(DURATION) 10 DAYS

(Signed) Edmund Gibbs M. D.

Nov 17 1906 (Address) 316 E. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL Western Cem — DATE OF BURIAL Nov 20 1906

UNDERTAKER Lewis Cook — ADDRESS 502 E. North Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 95421 — Registered No. B 95421

42

CERTIFICATE OF DEATH.

(Place of Death.) No. 2002 McElderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Karter.

{Residence, if in Baltimore, Give Street and Number.} 2002 McElderry St

B 95421

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Conrad Hess.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothy Briges

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosa Patience

(Address) 2002 McElderry St

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Nov 16 1906 that I last saw her alive on Nov 16 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cancerous Tumor of the uterus

(DURATION) 77 DAYS

Contributory (Primary) Exhaustion

(DURATION) 8 DAYS

(Signed) Adolph C Eisenlohr M.D.

Address 2213 Orleans St

Date Nov 17 1906

Place of Burial St Pauls Cemetery

Date Nov 20 1906

Undertaker Wm Brolk

Address 502 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95422

City of Baltimore, (No. 309 Warren ave St.; Ward)
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Michael R. Tyrell Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: March 3rd 1878 (Month) (Day) (Year)

AGE: 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Michael R. Tyrell Sr.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret Kuby.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Bricklayer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael R. Tyrell Sr.

(Address) 309 Warren ave

Filed 11/19 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 18th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 18th 1906 to Nov 18th 1906

that I last saw him alive on Nov 17th 1906 at 8 30

and that death occurred, on the date stated above, at 12 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

5½ months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Harry Gross M. D.

Nov 18th 1906 (Address) 1380 Schmulling

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 20 1906

UNDERTAKER: Wm Cook — ADDRESS: 502 E Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the C

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it the Physician who attended during his or her last sickness, or the Coro Coroner, when the case comes under his not ***twenty-four hours after death,*** to the Undertaker, or other person superinte erintending the burial, a certificate setting forth can be ascertained, the full name, sex, age, condition (whether married or si d or single) of the person deceased, and the

Ward 1 — 95423 — Registered No. B 95423

CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 N. Monfort ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francis Cooper

{Residence, if in Baltimore, Give Street and Number.} 1111 N. Monfort ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR white

DATE OF BIRTH Sept 27 1906

AGE — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Joshua A Cooper

BIRTHPLACE OF FATHER (State or country) Smith Ville Md.

MAIDEN NAME OF MOTHER Susie P. Chisthoff

BIRTHPLACE OF MOTHER (State or country) Balto city

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joshua A Cooper

(Address) 1111 N. Monfort ave

Filed 11/19 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH nov 18 - 1906

I HEREBY CERTIFY, That I attended deceased from Sept 24 1906 to nov 1906

that I last saw h m alive on nov 1906,

and that death occurred, on the date stated above, at.....

I. CAUSE OF DEATH (Secondary or Immediate) Congenital Debility

Asthmia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date nov 18 1906

Place of Burial Balto Cemetary

Date nov 19 190

Undertaker Robert J Tunney

Address Broadway Odenay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 95424 — Registered No. B 95424

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 Carlisle Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Adams Cross

{Residence, if in Baltimore, Give Street and Number.} 1710 Carlisle Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Sept 10 1859

AGE 47 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER adam Cross

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Lizzy Cross

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J Cross

(Address) 1710 Carlisle Place

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 16 1906

that I last saw him alive on Nov 16 1906,

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. Mitchell Garrison M.D.

Address 1257 W Broadway

Date Nov 16 1906

Place of Burial Dallstown

Date Nov 19 1906

Undertaker Robt J Turner

Address Gray Dale Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That the duty of the Physician who attended during his or her last sickness any person shall die in the said city it shall be his notice, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his setting forth, as far as the same can be ascertained, the name, residence, superintending the burial, a certificate deceased, and the **cause and date of death**. [illegible] married or single) of the person

deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95425

City of Baltimore, (No. Hospital for Relief of Crippled & Deformed Children 2000 N. Charles St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Joseph Maggio

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: July 28 1906 (Month) (Day) (Year)
AGE: — years, 8 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED:
BIRTHPLACE (State or country): Balto
FULL NAME OF FATHER: Frank Maggio
BIRTHPLACE OF FATHER (State or country): Italy
MAIDEN NAME OF MOTHER: T. Lanza
BIRTHPLACE OF MOTHER (State or country): Italy
OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Maggio
(Address) 626 Light St

Filed 11/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 18 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 18 1906
that I last saw h im alive on November 18 1906.
and that death occurred, on the date stated above, at 3 a M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) 30 DAYS

Contributory Diarrhoea

(DURATION) 6 weeks DAYS

(Signed) Ellawrence Scott M. D.
Nov 18 1906 (Address) Hosp. Cripples Children 2000 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: 626 S. Light St Baltimore
How long at Place of Death? 6 Days

Where was disease contracted, if not at place of death? at home address

PLACE OF BURIAL OR REMOVAL: Mt Auburn
DATE OF BURIAL: Nov 20 1906
UNDERTAKER: R. J. Turner
ADDRESS: Broadway & Oliver

WM. J. C. DULANY CO., BALTIMORE

Ward 17 95426 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1352 Cleaveland st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rachel Riley

{Residence, if in Baltimore, Give Street and Number.} 1352 Cleaveland St

Duration of Residence in Baltimore. 16 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): a a co Md

FULL NAME OF FATHER: Washington Clark

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jane Waters

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavinia Dyson

(Address) 1360 Cleveland St

Filed 11/19 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 16 1906 that I last saw her alive on Nov 16 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) ZB Hall M.D.

Address Mt Winans

Date Nov 17 1906

Place of Burial Mt Zion Cemetery

Date Nov 19 1906

Undertaker Wm H Cooper

Address 609 Little Paca st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95427 Registered No. B 95427

CERTIFICATE OF DEATH.

(Place of Death.) No. 2212 Eager Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Emma Leitzer

{ Residence, if in Baltimore, Give Street and Number. } 2212 Eager Place

Duration of Residence in Baltimore..... 14 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 30" 1890

AGE 16 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Frank Joseph Leitzer

BIRTHPLACE OF FATHER (State or country) Prague

MAIDEN NAME OF MOTHER Mary Stocker

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Leitzer

(Address) 2212 Eager Place

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 17 1906 that I last saw h[er] alive on Nov 17 1906, and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

3 Wks (DURATION) DAYS

Con'tributory (Primary.) Pulmonary Tuberculosis 3 mos. (DURATION) DAYS

(Signed) A. G. Rytina M.D.

Address 220 E. Monument St

Date Nov 17/06 190

Place of Burial Oak Hill Cem

Date Nov. 19" 190 6

Undertaker Geo M. Fink

Address 811 N Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, the **date of death.**

Ward 9 — 95428 — Registered No. B 95428

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 E Biddle St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto R Steinert

{ Residence, if in Baltimore, Give Street and Number. } 1816 E Biddle St

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 67 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Edward Steinert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Annie Steinert

(Address) 1816 E Biddle St

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16 — 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 2.20 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Heart disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Cannon M.D.

Address Corner Wolfe

Date Nov 17 1906

Place of Burial Baltimore Cemetery

Date Nov. 19 1906

Undertaker Henry Hoerle & Sons

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 St 95429 Registered No. B 95429

CERTIFICATE OF DEATH.

(Place of Death.) No. 2211 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Adam Slipper

{Residence, if in Baltimore, Give Street and Number.} 2211 Canton Ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 29th 1863

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas Slipper

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Don't Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mr Chas Slipper

(Address) 2211 Canton Ave

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to Nov. 17 1906 that I last saw h~~im~~ alive on " 16 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

(DURATION) DAYS

Contributory (Primary) Cardiac failure

(DURATION) DAYS

(Signed) C. S. Meek M.D.

Address 619 Park Ave

Date Nov. 18 1906

Place of Burial 1st German

Date Nov 19th 1906

Undertaker William Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95430

City of Baltimore, (No. 846, Tyson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Arter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: March (Month) 4 (Day) 1857 (Year)

AGE: 49 years, 7 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): W. Virginia

FULL NAME OF FATHER: Jerry Arter

BIRTHPLACE OF FATHER (State or country): W. Virginia

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): W. Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 846 Tyson St

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 17th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to Nov 17 1906

that I last saw him alive on Nov 17 1906,

and that death occurred, on the date stated above, at 10:25 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis

Five weeks (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) David J. Reinhard M. D.

Nov. 17 1906 (Address) 211 E. Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Nov 19 1906

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Saratoga st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95431

City of Baltimore, (No. 846, Tyson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Arter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: August 1st 19 (Month) (Day) (Year)

AGE: 12 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): W. Virginia

FULL NAME OF FATHER: Thomas Arter

BIRTHPLACE OF FATHER (State or country): W. Virginia

MAIDEN NAME OF MOTHER: Mabel Clinton

BIRTHPLACE OF MOTHER (State or country): W. Virginia

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 846 Tyson St

[redacted] PERMIT CLERK

Filed 11/19 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to ——— 190—

that I last saw her alive on Nov 16 1906,

and that death occurred, on the date stated above, at 9 o'clock P. M.

The CAUSE OF DEATH was as follows:

Tuberculosis

one month (DURATION) ——— DAYS

Contributory ——— (DURATION) ——— DAYS

(Signed) David J. Reinhart M. D.

Nov 17 1906 (Address) 211 E. Biddle St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 19 1906

UNDERTAKER: Felix B. Pye — ADDRESS: 102 E Madison st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 95432 — Registered No. B 95432

CERTIFICATE OF DEATH.

(Place of Death.) No. Hebrew Hospital. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph Fisher.

{ Residence, if in Baltimore, Give Street and Number. } 261 East St.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH 1

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Marshall Fisher

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Rachel Simons

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. Falk

(Address) 261 East st.

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov 2 1906 to Nov 19 1906

that I last saw h... alive on " " 1906,

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH (Secondary or Immediate)

Nephritis.

(DURATION) 2 DAYS

Contributory (Primary.) Enteritis

Tenesmus (DURATION) 21 DAYS

(Signed) Dr. Chas. Bagby M.D.

Address Hebrew Hospital

Date 190

Place of Burial Philip Rd Rose Dale

Date Nov 19, 190

Undertaker Mrs Levinson

Address 1187 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10 97

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95433

City of Baltimore, (No. 422 N. Poppleton St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie E. Herbst.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. (Month) 15 (Day) 1823 (Year)

AGE: 83 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John C. Sauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rose Graefe

(Address) 422 N Poppleton St

Filed 11/19 1906

HARRY C. ANDREWS. PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 30 1906 to November 17 1906 that I last saw h[er] alive on November 17 1906, and that death occurred, on the date stated above, at 2.30 A.M. The CAUSE OF DEATH was as follows:

Asthma Bronch.

(DURATION) Long DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Robt. J. Murray. M.D. M. D.

November 17 1906 (Address) 516 N. Fremont

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov. 1906

UNDERTAKER: George Bentz

ADDRESS 594 Biddle St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95434

Registered No. B

City of Baltimore, (No. 115, S. Calhoun St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marguerite C. Day

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Nov. (Month) 14 (Day) 1906 (Year)

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Day

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary Walker

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 W Lombard st

Filed 11/19 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1906 to Nov 18 1906

that I last saw h[er] alive on Nov. 18 1906,

and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(DURATION) 1 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. O'Neill M. D.

Nov 19 1906 (Address) 1315 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Nov 19th 1906

UNDERTAKER: John Fields | ADDRESS: 1200 W Lombard

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 — 95435 — Registered No. B 69

CERTIFICATE OF DEATH.

(Place of Death.) No. 826 Scott St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Fornholds

{ Residence, if in Baltimore, Give Street and Number. } 826 Scott St

Duration of Residence in Baltimore. 4 mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 19 years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Fornholds

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmine Stoll

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto Reinhardt

(Address) 826 Scott st

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Suffocation

(DURATION) DAYS

Contributory (Primary.) Face buried in pillow while suffering with Epileptic fit

(DURATION) DAYS

(Signed) J. Morgan Jones M.D. Coroner

Address

Date Nov-17th 1906

Place of Burial Western Cemetery

Date Nov 19 1906

Undertaker James Dignan & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward 7 — 95436 — Registered No. B 95436

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 East Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E Wiegand

{Residence, if in Baltimore, Give Street and Number.} 211 E Church

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George E Wiegand

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Sarah Ann Smith

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Marine Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate E Harris

(Address) 422 E Randall St

Filed 11/19 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to 1906

that I last saw h in alive on Nov 17 1906

and that death occurred, on the date stated above, at 7 a m. CAUSE OF DEATH (Secondary or Immediate.)

Dropsy and pulmonary edema

(DURATION) 4 DAYS

Con'ributory (Primary.) Chronic endocarditis (DURATION) DAYS

(Signed) Nuelesliffer M.D.

Address 1409 Light

Date Nov 19 1906

Place of Burial National Cemetery

Date NOV 21 1906

Undertaker Armstrong Dorsey Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95437.

City of Baltimore, (No. 517 N. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Wilbur & Hattie Harrington

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 17 (Month) 1906 (Day) 1906 (Year)

AGE: ..... years, ... months, 2 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wilbur F. Harrington Jr

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hattie Tracy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF ~~MY~~ KNOWLEDGE AND BELIEF.

(Informant) W. F. Harrington Jr

(Address) 517 N. Monroe

Filed 11/19 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 17 1906

that I last saw h[im] alive on Nov 17 1906,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

the result of Dystocia

and Asphyxia (DURATION) — DAYS

Contributory (DURATION) 2 hrs

(Signed) R. R. Dennis M. D.

Nov 18 1906 (Address) Glyndon Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 19 1906
UNDERTAKER	ADDRESS
Wm J. Tuckerton Sons	Camden Place

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 95438 Registered No. B [illegible] 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 Eutaw Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah Jane Hudgins

{Residence, if in Baltimore, Give Street and Number.} 1604 Eutaw Place

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 29 1827

AGE: 79 years, — months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Saml J. Cummings

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary A. Robinson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S. Hudgins

(Address) 1604 Eutaw Place

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 18 1906 that I last saw h[illegible] alive on Nov 18 1906, and that death occurred, on the date stated above, at 3.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy-

(DURATION) 12 DAYS

Contributory (Primary.) Paralysis (Right Hemiplegia) (DURATION) 12 DAYS

(Signed) John D. Kaing M.D.

Address 1425 Eutaw Place

Date Nov 19 1906

Place of Burial Green Mount

Date Nov 20- 1906

Undertaker E M Mitchell

Address 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 95438 Registered No. B 95439

~~Infant~~

CERTIFICATE OF DEATH.

(Place of Death.) ~~Hospital~~ No. 3320 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas B Shipley

{ Residence, if in Baltimore, Give Street and Number. } 3320 Chestnut Ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 16 1835

AGE 71 years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER Thomas B Shipley

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) — —

OCCUPATION OF DECEASED Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary B Schmidt

(Address) 3320 Chestnut Ave

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 17 1906

that I last saw him alive on Nov 16 1906,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inflamatory Rheumatism + collapse

(DURATION) 7 DAYS

Contributory (Primary) Grippe (DURATION) 4 DAYS

(Signed) Wm H F Deuman M.D.

Address 800 1st Ave

Date Nov 17/06 1906

Place of Burial St Mary Hampden

Date Nov 19 1906

Undertaker Chas E Chenowith & Son

Address 919 3rd Ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 95440 — Registered No. B 95440

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 N Carrollton Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laura M. Custy

{ Residence, if in Baltimore, Give Street and Number. } 421 N Carrollton Ave

Duration of Residence in Baltimore. 21 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Martinsburg W. Va.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Martinsburg W Va

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190—

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 12-30 P. M. CAUSE OF DEATH (Secondary or Immediate) Fractured Skull

(DURATION) — DAYS

Contributory (Primary) Accidental fall down stairs (DURATION) DAYS

(Signed) J S Haughton M.D. Coroner

Address 216 N Carrollton Ave

Date Nov 18, 1906

Place of Burial New Cathedral

Date Nov 20 1906

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95441

City of Baltimore, (No. 680 W. Mulberry St.; 17th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry C. Ryan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Enos Ryan

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elenora Peare

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Taylor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Cadogan

(Address) 696 Mulberry St

Filed 11/19 1906 [illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8th 1906 to Nov. 16th 1906 that I last saw him alive on Nov. 16th 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Chronic Dyspepsia

Asthenia (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Jno. T. McCarthy M. D.

Nov 17 1906 (Address) 616 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	Nov 19 1906
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95442

City of Baltimore, (No. 310 S Linwallwood St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lillian May Sudow

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	June 28 1904 (Month) (Day) (Year)
AGE	2 years, 4 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Wm. C. Sudow
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Hentz.
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	(Child)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C Sudow

(Address) 320 S Linwallwood

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 17 1906

that I last saw h[er] alive on Nov 17 1906,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Meningitis

(DURATION) 21 DAYS

Contributory Toxaemia

(DURATION) 5 DAYS

(Signed) Howard Kahn M. D.

Nov 18 1906 (Address) 2027 N Bond

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 20 1906
UNDERTAKER	ADDRESS
J. B. Hayfert	(~~2446~~) W Frederick Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95443

Registered No. B .....

City of Baltimore, (No. 1002 Warner St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frederick Wahams

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 16 (Day) 1837 (Year)

AGE: 69 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): not known

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): not known

OCCUPATION OF DECEASED: Boy maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Greel

(Address) 1022 Russell St

Filed 11/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1906 to Nov 17 1906

that I last saw h[illegible] alive on Nov 17 1906,

and that death occurred, on the date stated above, at 6 [illegible] P.M. The CAUSE OF DEATH was as follows:

Pulmonitis

(DURATION) 5 DAYS

Contributory Stomach

(DURATION) 1 DAYS

(Signed) Edw[illegible] M. D.

Nov 19 1906 (Address) 811 Druid

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Baltimore Cem | DATE OF BURIAL: Nov 20 1906

UNDERTAKER: Jos B Cook | ADDRESS: 1003 N Bethel

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95441

City of Baltimore, (No. 322 South Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX female

COLOR White

DATE OF BIRTH Sept 18 1835 (Month) (Day) (Year)

AGE 71 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Hessen Darmstadt

FULL NAME OF FATHER Adam Edelmann

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Margaret Rau

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs Emma J Eyer

(Address) 322 S Payson St

Filed 11/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Nov 16th 1906

that I last saw h alive on Nov 15th 1906

and that death occurred, on the date stated above, at 2-45 P.M.

The CAUSE OF DEATH was as follows:

Fatty degeneration of the heart —

(DURATION) 119 DAYS

Contributory

(DURATION) DAYS

(Signed) J D Moms M. D.

Nov. 17 1906 (Address) 1221 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Western Cem

DATE OF BURIAL Nov 20 1906

UNDERTAKER Jos B Cook

ADDRESS 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 Registered No. B 95445

95445

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital Charities & St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas. Smith

{ Residence, if in Baltimore, Give Street and Number. } 303 E. Preston St.

Duration of Residence in Baltimore. 8yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. COLOR: W.

DATE OF BIRTH: 1

AGE: 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Samuel Smith

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rebecca Wachtel

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nancy C. Smith

(Address) 303 E Preston St.

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 13- 1906 to Nov. 18 1906

that I last saw him alive on Nov 18 1906

and that death occurred, on the date stated above, at 1.40 a m. CAUSE OF DEATH (Secondary or Immediate)

Uraemic convulsions

(DURATION) 8d DAYS

Con'ributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date November 18 1906

Place of Burial Loudon Park

Date Nov 20" 1906

Undertaker M. Doyle and Sons

Address 176 Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — 95446 — Registered No. B 95446

CERTIFICATE OF DEATH.

(Place of Death.) No. 219 Little Sharp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rhoda Davis

{Residence, if in Baltimore, Give Street and Number.} 219 Little Sharp st.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: —

AGE: 22 years, ... months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James Wills

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Perkins

BIRTHPLACE OF MOTHER (State or country): Lancaster County Va

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Perkins

(Address) 510 Gold St.

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 16 1906

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 10-30 P. M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia

(DURATION) 11 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.
Coroner

Address 1210 N Carolina St

Date Nov 17, 1906

Place of Burial Asbury C

Date Nov 19th 1906

Undertaker Wm J. Gaskins

Address 1421 Whilkin St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

95447 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St.

(If Death occurred in Hospital or Institution, give its name instead of Street and Number.)

Full Name Mary Elizabeth Sliesi

{ Residence, if in Baltimore, Give Street and Number. } 436 N. Biddle St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1836

AGE: 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Charles H. Jones

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Ann. Last not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Brown

(Address) 108 W. Montgomery St

Filed 11/19 1906 HARRY C. ARRES, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Nov 18, 1906

that I last saw her alive on Nov 18, 1906,

and that death occurred, on the date stated above, at 4-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Breast.

? (DURATION) ? DAYS

Contributory (Primary.) Asthenia

? (DURATION) ? DAYS

(Signed) C. C. Langley, M.D.

Address Md. Gen. Hosp.

Date Nov 18, 1906

Place of Burial Laurel St.

Date Nov 20th 1906

Undertaker G. L. Brown & Son

Address 108 W. Montgomery st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st East

95448

Registered No. B 95448

CERTIFICATE OF DEATH.

(Place of Death.) No. 802 S. Potomac St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Fecher

{Residence, if in Baltimore, Give Street and Number.} 802 S. Potomac St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July 18 1873

AGE: 33 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Hanna

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Schumann

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam Fecher

(Address) 802 S Potomac St.

Filed 11/19 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1906 to Nov. 17 1906 that I last saw her alive on Nov. 16 1906, and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (DURATION) 6 DAYS

Contributory (Primary) Toxemia (DURATION) 3 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caton St.

Date Nov. 18th 1906

Place of Burial Holy Redeemer Cem.

Date Nov. 20th 1906

Undertaker Jno. A. Inman & Bro.

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 9549 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daniel Smith

{Residence, if in Baltimore, Give Street and Number.} Michaelsville Harford Co Md

Duration of Residence in Baltimore. 3 Weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1833

AGE 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co

FULL NAME OF FATHER William Smith

BIRTHPLACE OF FATHER (State or country) Harford Co

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm G Osborne

(Address) Perryman Md

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1906

I HEREBY CERTIFY, That I attended deceased from October 30 1906 to Nov 18 1906

that I last saw him alive on Nov 18 1906,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) DAYS

Contributory (Primary) Pulmonia

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date Nov. 18th 1906

Place of Burial Perryman Harford Co

Date Nov 21 1906

Undertaker G Osborne & Son

Address Michaelsville Md

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15

Registered No. B 95450

CERTIFICATE OF DEATH.

(Place of Death.) No. 504 Fourth ave. Woodberry St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rev James A. Cunningham

{ Residence, if in Baltimore, Give Street and Number. } 504 Fourth ave N. Woodberry B. 95450

Duration of Residence in Baltimore. 30 years 95450

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: about 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Francis Cunningham

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catharine O'Donnell

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Catholic Priest

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Healy

(Address) # 42 S Fulton Ave

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart & kidneys, probably Nasty Hebetude after

Sudden (DURATION) DAYS

Contributory (Primary) .....

..... (DURATION) DAYS

(Signed) Charles Lustraeus Cone M.D.

Address 1818 N. Charles St

Date Nov 17 1906

Place of Burial New Cathedral Cem

Date Nov 20th 1906

Undertaker P. Mc Jenkins Son Co

Address 236 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95451

City of Baltimore, (No. 1030, Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
FULL NAME Inf. of Martin & Mary Webb

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~ ~

BIRTHPLACE (State or country): Bal

FULL NAME OF FATHER: martin Webb

BIRTHPLACE OF FATHER (State or country): Bal Md

MAIDEN NAME OF MOTHER: Mar Thomas

BIRTHPLACE OF MOTHER (State or country): Bal

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) martin Webb

(Address) 1102 Druidhill av

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov ..... 19 ..... 190 ..... (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 18 1906 to Nov 19 1906

that I last saw her alive on Nov 18 1906,

and that death occurred, on the date stated above, at 12.30 A. M. The CAUSE OF DEATH was as follows:

Inanition in Premature foetus of about 5½ months

(DURATION) 1 DAYS

Contributory ..... (DURATION ..... DAYS

(Signed) Wm Browne M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem — DATE OF BURIAL: Nov 19 1906

UNDERTAKER: John H. Toadvin — ADDRESS: 2066 Wilk

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

95452

Registered No. B.....

City of Baltimore, (No. 1016, Carlton St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Hill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: Sept (Month) ... (Day) 1864 (Year)

AGE: 42 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Smith Steward

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Jane Steward

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. Hill

(Address) 10 N. Carlton St.

Filed 11/19 1906

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1906 to Nov. 17 1906

that I last saw her alive on Nov. 16th 1906,

and that death occurred, on the date stated above, at 10.30 a. m. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 14 DAYS

Contributory Exhaustion

(DURATION) ..... DAYS

(Signed) C. C. Deaver M. D.

Nov. 19 1906 (Address) 923 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Harrington Md. | DATE OF BURIAL: Nov 21 1906

UNDERTAKER: Jno. W. Chase | ADDRESS: 1011 W. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 95453 — Registered No. B 95453

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda Vogelsang

{Residence, if in Baltimore, Give Street and Number.} 404 S. Pulaski St.

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 6. 1859

AGE: 47 years, 6. months, 13 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Gottfried Zielke

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Augusta Hoffman.

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Vogelsang

(Address) 404 S. Pulaski St.

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 17 1906

that I last saw h[illegible] alive on Nov 17 1906

and that death occurred, on the date stated above, at 11.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Post Operative Shock

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Cervix

(DURATION) DAYS

(Signed) J. Shouse M.D.

Address Johns Hopkins Hospital

Date Nov 18 1906

Place of Burial Loudon Park

Date Nov 20th 1906

Undertaker C. W. Dill

Address 810 Fredk ave;

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 95454 — Registered No. B 95454

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 Courtney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Gegherty

{Residence, if in Baltimore, Give Street and Number.} 719 E. Monument st.

Duration of Residence in Baltimore. 23 y.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —— 1 ——

AGE: 42 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Mrs. Gegherty

(Address) 719 E. Monument st.

Filed 11/14 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Sudden on to death 190—

that I last saw h— alive on —— 190—,

and that death occurred, on the date stated above, at 6 — P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) — DAYS

Contributory (Primary.) ——

(DURATION) — DAYS

(Signed) Benj. B. Hayden M.D.

Address 1216 N. Caroline St. Coroner

Date Nov. 19 1906

Place of Burial Cathedral Cemetery

Date November 20 1906

Undertaker Daniel & Margaret S. Flynn

Address 426 West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 95455 — Registered No. B 95455

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Robert Moore

{Residence, if in Baltimore, Give Street and Number.} 1815 Mchenry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	1877
AGE	29 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Wm Moore
BIRTHPLACE OF FATHER (State or country)	Port Deposit Md
MAIDEN NAME OF MOTHER	Priscilla Campbell
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BAY VIEW ASYLUM.

(Informant) Lamar Hedges Supt.

(Address)

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK and Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18. 1906

I HEREBY CERTIFY, That I attended deceased from Nov.r 13. 1906 to Nov.r 18. 1906 that I last saw him alive on Nov.r 17. 1906 and that death occurred, on the date stated above, at 6.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 5 DAYS

Contributory (Primary.) Erysipelas

(DURATION) 8 DAYS

(Signed) N. S. Dennis M.D.

Address Bay View Asylum.

Date November 18. 1906.

Place of Burial Baltimore Cemetery

Date Nov. 20 1906

Undertaker N. S. Furst

Address 211 N. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

Registered No. B 95456

95456

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jerome Dillon

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inf. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Sept 16 1904

AGE: ..... years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James A Dillon

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Mary H Fitzpatrick

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. F. Hodson

(Address) 1012 Hollins St

Filed 11/19 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Nov 18 1906

that I last saw him alive on Nov 18 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate

Bronchial pneumonia

(DURATION) 7+ DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayman M.D.

Address 1230 N Caroline St

Date 11/19/06 1906

Place of Burial St Peters Cem

Date Nov 21st 1906

Undertaker Jos B. Cook

Address 1013 W Balto

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 22 — 95457 — Registered No. B 95457

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip Singer

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum (223 W Barre St)

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 12 1865

AGE: 41 years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ℓ

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM, Lemar Rowley, Supt.

(Address)

Filed 11/19 1906 HARRY C. ARMES, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Nov 17 1906 that I last saw him alive on Nov 17 1906, and that death occurred, on the date stated above, at 8:50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion,

(DURATION) DAYS

(Signed) Sterling Beatley. M.D.

Address

Date 190

Place of Burial Cathedral.

Date Nov 20 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 95458 — Registered No. B 95458

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Frank S. Mareck

{Residence, if in Baltimore, Give Street and Number.} 1408 N. Gay St.

Duration of Residence in Baltimore. 32 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: December 26 1847 1

AGE: 59 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frank S. Mareck

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William S. Mareck

(Address) 1408 N. Gay St.

Filed 11/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 16 1906

that I last saw h[im] alive on Nov 16 1906

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

Few minutes (DURATION) — DAYS

Contributory (Primary.) Carcinoma of Bladder (DURATION) 3 yrs. DAYS

(Signed) Geo. St. Pflueger M.D.

Address St. Joseph's Hospital

Date Nov. 16 1906

Place of Burial Western Cemetery

Date November 20 1906

Undertaker Armstrong Denny Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 95459

CERTIFICATE OF DEATH.

(Place of Death.) No. 1250 E. Hazelle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephus Baldwin

{Residence, if in Baltimore, Give Street and Number.} 1250 E. Hazelle St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: W

DATE OF BIRTH: Nov 18 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Newark N J

FULL NAME OF FATHER: Joseph Baldwin

BIRTHPLACE OF FATHER (State or country): Newark N J

MAIDEN NAME OF MOTHER: Sara Stement

BIRTHPLACE OF MOTHER (State or country): Newark N J

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Kalisch

(Address) 988 Broad St Newark N Jersey

Filed Nov 20th 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3rd 190 to Nov. 18th 1906

that I last saw h alive on Nov. 18th 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Bright's Disease

Tuberculosis (DURATION) DAYS

(Signed) Herman J. Gering M.D.

Address 1937 Eastern Ave.

Date 190

Place of Burial Mt Pleasant Cemetery Newark New Jersey

Date Nov 20 1906

Undertaker Wm F Schaeffer

Address 8 S Front St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

40

CERTIFICATE OF DEATH. 95460

Registered No. B

City of Baltimore, (No. 417 W. Fayette St.; 4 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Dalgleish Pryde

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Jan (Month) 11 (Day) 1850 (Year)

AGE: 56 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Scotland.

FULL NAME OF FATHER: Robert D Pryde

BIRTHPLACE OF FATHER (State or country): Scotland Eng.

MAIDEN NAME OF MOTHER: — Taylor

BIRTHPLACE OF MOTHER (State or country): Scotland Eng

OCCUPATION OF DECEASED: Designer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Pryde

(Address) 417 W Fayette St.

Filed 11/29 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 26 1906 to Nov 18 1906

that I last saw him alive on Nov 18 1906,

and that death occurred, on the date stated above, at 1035 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach

Six months (DURATION) DAYS

Contributory anemia

two months (DURATION) DAYS

(Signed) V. Ken Williams M. D.

Nov 19 1906 (Address) 701 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Nov 21 1906

UNDERTAKER: W M Rouzer — ADDRESS: 230 N Green

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95461

City of Baltimore, (No. 917 N. Bachoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rudolph H. King.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: Aug (Month) 22 (Day) 1894 (Year)

AGE: 15 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): New York City.

FULL NAME OF FATHER: Frederick H. King.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Katy Saunder.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Schoolboy.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr F H King

(Address) 917 N Calhoun

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) – 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 13 1906 to Nov 18 1906

that I last saw him alive on Nov 18 1906,

and that death occurred, on the date stated above, at 2.45 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory Cardiac Exhaustion

(DURATION) 1 DAYS

(Signed) Hebron Hitchman M. D.

Nov 19 1906 (Address) 2011 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: Nov 20 1906

UNDERTAKER: W M Renton

ADDRESS: 230 N Green

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 95462

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95462

City of Baltimore, (No. 1213 Riverside Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter VandeKerkhoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Holland

FULL NAME OF FATHER: Peter VandeKerkhoff

BIRTHPLACE OF FATHER (State or country): Holland

MAIDEN NAME OF MOTHER: Don't Know

BIRTHPLACE OF MOTHER (State or country): Holland

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine VanDeKerkhoff

(Address) 1213 Riverside ave.

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 18th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1906 to Nov 18th 1906

that I last saw h— alive on Nov 18th 1906,

and that death occurred, on the date stated above, at —— M. The CAUSE OF DEATH was as follows:

Chronic catarrh Stomach and intestines with acute attack of Jaundice (DURATION) DAYS

Contributory 4 Months (DURATION) — DAYS

(Signed) E. F. Mitchell M. D.

(Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross R. C. Ca

DATE OF BURIAL: Nov 21 1906

UNDERTAKER: Jos. Hunter & Sr

ADDRESS: 1518 Light St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 95463 Registered No. B 95463

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1213 Plum Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Feller -

{Residence, if in Baltimore, Give Street and Number.} 1213 Plum alley

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 17 1906

AGE ..... years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Nicholas Feller -

BIRTHPLACE OF FATHER (State or country) Hungary -

MAIDEN NAME OF MOTHER Annie Schroder -

BIRTHPLACE OF MOTHER (State or country) Hungary -

OCCUPATION OF DECEASED Child -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nicholas Feller

(Address) 1213 Plum ally

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1906 to Nov 19 1906 that I last saw h-r alive on Nov. 19 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia - (Lobar)

(DURATION) 5 DAYS

Contributory (Primary.) Exhaustion (DURATION) 2 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St.

Date Nov. 19 1906

Place of Burial Holy Cross U.A.S.

Date Nov 20 1906

Undertaker Jos. Stuntebeck

Address 518 Light St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7M 95464 Registered No. B 95464

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1517 Byrd St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Hartlove

{Residence, if in Baltimore, Give Street and Number.} 1517 Byrd St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 4th 1906

AGE: ..... years, 6 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Frederick Hartlove

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Margaret C. Preston

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Hartlove

(Address) 1517 Byrd St.

Filed 11/20 1906 HARRY C. ANING, S. Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 18 1906 that I last saw him alive on Nov 17 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate

Meningitis (Cerebral)

(DURATION) 4 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 4 DAYS

(Signed) W. S. Smith M.D.

Address 524 Hanover St

Date Nov 19 1906

Place of Burial Cedar Hill

Date Nov. 20th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — Registered No. B 95465

95465

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 925 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leonard S. Bowlow

{ Residence, if in Baltimore, Give Street and Number. } 925 Druid Hill Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 18 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benj S. Bowlow

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Hannah Williams

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B S Bowlow

(Address) 925 Druid Hill Ave

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 1st 1906 to Nov 19th 1906 that I last saw him alive on Nov 19th 1906, and that death occurred, on the date stated above, at 11.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis

Three months (DURATION) DAYS

Contributory (Primary.) Colds

(DURATION) 1 DAYS

(Signed) J. Thomas Vaughan M.D.

Address 430 Biddle St

Date Nov. 20th 1906

Place of Burial Laurel

Date Nov 21 1906

Undertaker Alex Stansbury

Address 519 N Bridle

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95466 Registered No. B 95466

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Gross

{Residence, if in Baltimore, Give Street and Number.} 1603 E Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 65 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 31 1906 to Nov 18 1906 that I last saw h alive on Nov. 18 1906, and that death occurred, on the date stated above, at 3 20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis,

Bronchopneumonia

(DURATION) DAYS

Contributory (Primary.) Arterio Sclerosis

(DURATION) DAYS

(Signed) J. Hunter Stanley M.D.

Address Bay View Asylum

Date November 19th 1906.

Place of Burial St. Vincents Cemetery

Date Nov. 21 1906

Undertaker Henry Storck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 95467 — Registered No. B 95467 57

CERTIFICATE OF DEATH.

(Place of Death.) No. The Church Home, Hopkins — St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mamie Hoggson

{ Residence, if in Baltimore, Give Street and Number. } 1614 E Preston St

Duration of Residence in Baltimore. Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1
AGE	45 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Hamilton S. Hoggson
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Mary A. Cunningham
BIRTHPLACE OF MOTHER (State or country)	New York
OCCUPATION OF DECEASED	Housekeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Sherwood.

(Address) 1614 E. Preston St.

Filed 11/20 1906 HARRY C. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Dec 18 1906 that I last saw h[illegible] alive on Dec 17 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hobbitonic Goitre

(DURATION) 2 Mos DAYS

Contributory (Primary.) Hydrocardiac

(DURATION) DAYS

(Signed) [illegible] M.D.

Address The Church Home Hopkins

Date December 18 1906

Place of Burial Holy Cross Cemetery

Date Nov 21 st. 1906

Undertaker Henry Hoeck & Sons

Address 130 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95408

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 95468

City of Baltimore, (No. 1107, McDonough St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip Debes

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Jan (Month) 25 (Day) 1904 (Year)
AGE	2 years, 9 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto city
FULL NAME OF FATHER	John Davis
BIRTHPLACE OF FATHER (State or country)	Balto city.
MAIDEN NAME OF MOTHER	Mary W. Hoenig.
BIRTHPLACE OF MOTHER (State or country)	Balto city.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Debes

(Address) 1107 McDonough St

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 19 1906

that I last saw h— alive on Nov 18 1906,

and that death occurred, on the date stated above, at 3 A.....M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) W. W. Mike MD M. D.

Nov 19 1906 (Address) 1101 N. Bro

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Nov 20 1906
UNDERTAKER	ADDRESS
Henry Hoeke & Son	131 E Eager

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95469 Registered No. B 95469

CERTIFICATE OF DEATH.

(Place of Death.) No. 839 N. Patterson Park St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurence G. Engelhardt

{Residence, if in Baltimore, Give Street and Number.} 839 N. Patterson Park

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 34 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baeto

FULL NAME OF FATHER John Engelhardt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Jaeckel

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clothing Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Engelhardt

(Address) 839 N. Patterson Park Ave

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate

Heart Disease

(Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred K. Cummins M.D.

Address Coroners

Date Nov 18—06 190

Place of Burial Holy Redeemer Cemetery

Date Nov 21 190 6

Undertaker Henry Stoeckhert Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — Registered No. B 95470

CERTIFICATE OF DEATH.

(Place of Death.) No. 2216 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas B. Hicks

{ Residence, if in Baltimore, Give Street and Number. } 2216 E. Chase st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 15th 1889

AGE: 17 years, 4 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Joseph M. Hicks

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Eliza P. Lowry

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frances A. Lowry

(Address) 2216 E. Chase st

Filed 11/20 1906 HARRY C. ANDREWS, [illegible]IT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 13 1906 1906

I HEREBY CERTIFY, That I attended deceased from Sept 20 1906 to Nov 18 1906 that I last saw h[illegible] alive on Nov 18 1906 and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis

Pulmonalis

(DURATION) 59 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Adolph C. Eisenhart M.D.

Address 2213 Orleans St

Date NOV 19 1906 190

Place of Burial Mt. Carmel. Cem.

Date NOV 21 1906 190

Undertaker Wm. D. Fry

[illegible] N. BROADWAY.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 95471 Registered No. B 95471

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2419 E. Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William E. Hamman

{Residence, if in Baltimore, Give Street and Number.} 2419 E. Federal st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 7th 1853

AGE: 57 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew Hamman

BIRTHPLACE OF FATHER (State or country): Pa

MAIDEN NAME OF MOTHER: Mary J. Morgan

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Engineer Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John M. Hamman

(Address) 750 Reservoir St.

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH NOV 19 1906 190...

I HEREBY CERTIFY, That I attended deceased from Nov. 18 1906 to Nov. 19 1906 that I last saw him alive on Nov. 18 1906, and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy.

8 hours (DURATION) ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. Edward Janney A. F. Robinson M.D. M.D.

Address 837 N. Eutaw st

Date NOV 19 1906 190...

Place of Burial Loudon Park. Cem.

Date NOV 21 1906 190...

Undertaker Wm. J. Fry

Address 841 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 95472 Registered No. B 95472

155

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Parker.

{ Residence, if in Baltimore, Give Street and Number. } 1017 Sterrett St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH January 19" 1886

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Herman Parker.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Parker

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Parker

(Address) 1017 Sterrett st.

Filed 11/20/ 1906 HARRY C. ANDREAS, [illegible] CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Suicide.
Carbolic acid
(DURATION) shot DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette

Date Nov 19 1906

Place of Burial Western Cemetery

Date Nov 21 1906

Undertaker James Dignan & Sons

Address 1597 W. Hamburg st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 95473 Registered No. B 95473

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1366 Whitecoat St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jesse Green

{Residence, if in Baltimore, Give Street and Number.} 1366 Whitecoat St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH May 1853

AGE 51 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co. Md

FULL NAME OF FATHER Edward Green

BIRTHPLACE OF FATHER (State or country) Prince George Co. Md

MAIDEN NAME OF MOTHER Do not Know.

BIRTHPLACE OF MOTHER (State or country) Do not Know

OCCUPATION OF DECEASED Labr.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Mary Green (wife)

(Address) 1366 Whitecoat St

Filed 11/20/1906 [redacted] CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 18 1906

that I last saw him alive on Nov 18 1906,

and that death occurred, on the date stated above, at 6:30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. C. Houck M.D.

Address 1922 Pa. Ave.

Date Nov 18 1906.

Place of Burial Mt. Zion Cemetery

Date Nov. 20 1906

Undertaker Wm. J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

95474

Ward 9 Registered No. B 95474

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 2401 Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Josephine S. Clayton

{Residence, if in Baltimore, Give Street and Number.} 2401 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 75 years, — months, — days

~~WIDOW, WIDOWED, OR DIVORCED~~ MARRIED,

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Fourlong

BIRTHPLACE OF FATHER (State or country) France

MAIDEN NAME OF MOTHER Josephine Staniford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant A. L. Clayton

(Address) 2401 Greenmount Ave

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 17th, 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 20th 1906 to Nov. 17th 1906

that I last saw h RR alive on Nov. 17th 1906

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or immediate)

Cerebral hemorrhage —

right-sided paralysis.

(DURATION) 29 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS.

(Signed) Hugh Forsythe M.D.

Address 424 E. North Av.

Date Baltimore, Nov. 19th, 1906

Place of Burial Greenmount

Date Nov 20 th 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2

95475

Registered No. B 95475

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 229 S. Durham St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Coston

{Residence, if in Baltimore, Give Street and Number.} 229 S. Durham St

Duration of Residence in Baltimore. About 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 74 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Snow Hill Md

FULL NAME OF FATHER: William Coston

BIRTHPLACE OF FATHER (State or country): Snow Hill Md

MAIDEN NAME OF MOTHER: Caroline Henry

BIRTHPLACE OF MOTHER (State or country): Snow Hill Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lasalene Easton

(Address) 229 S. Durham

Filed 11/20 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1906 to Nov 17 1906

that I last saw h[illegible] alive on Nov 16 1906,

and that death occurred, on the date stated above, at 12 m.

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

About 3 Days (DURATION) DAYS

Contributory (Primary.)

Emphysema (DURATION) 9 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Nov. 17 1906

Place of Burial Snow Hill Md

Date November 20th 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95476

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95476

City of Baltimore, (No. 748 N. Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucinda Wyscoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 2 Hours years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Lee Wagers

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susie Wright

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Wright

(Address) 748 Mulberry

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 17 1906 that I last saw her alive on Nov 17 1906, and that death occurred, on the date stated above, at 4.00 P. M. The CAUSE OF DEATH was as follows:

The infant died 2 hrs after birth, from Exhaustion

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Geo. N. Lauenbach M. D.

Nov 19 1906 (Address) 635 Mosher St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel Cemetery	Nov 20 1906
UNDERTAKER	ADDRESS
R. A. Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics In the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95477 Registered No. B 95477

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 575 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Agnes M. Walters

{Residence, if in Baltimore, Give Street and Number.} 575 Dolphin St

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1843

AGE: 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Howard Co. Md

FULL NAME OF FATHER: Benjiman Walters

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: E Adams.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Walters

(Address) 575 Dolphin St

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Nov 18 1906 that I last saw her alive on Nov 17 1906, and that death occurred, on the date stated above, at 12½ A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Coupose

Pneumonia (DURATION) 21 DAYS

(Signed) John S. Hill M.D.

Address 647 W. Lexington St

Date Balto Nov 18 1906

Place of Burial Elkridge Howard Co Balto Co

Date Nov 20 1906

Undertaker John E Hough Co

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 95478 — Registered No. B 95478

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 50 S. Carrollton Ave. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number).

Full Name Margaret B. Kiser

{Residence, if in Baltimore, Give Street and Number.} 50 S. Carrollton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md. Balto

FULL NAME OF FATHER: Simon Nickola

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Easter

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 11/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 19, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1906 to Nov. 19, 1906 that I last saw her alive on Nov. 18, 1906 and that death occurred, on the date stated above, at 2 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion of the Lungs

(DURATION) 3 or 4 DAYS

Contributory (Primary.) Chronic Bronchitis

(DURATION) 3 years

(Signed) John Hood, M.D.

Address 608 N. Fulton Ave

Date November 19, 1906

Place of Burial Loudon Park

Date Nov 21st 1906

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95479

95479

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 2219 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret E. Kanzler

{ Residence, if in Baltimore, Give Street and Number. } 2219 Eastern ave

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23, 1843

AGE 63 years, 6 months, 26 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Christian Herman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E. Hentz

(Address) 2233 Eastern av

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November ~~18~~ 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to November 18 1906 that I last saw h er alive on November 18 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tumor of pylorus

(Malignant)

(DURATION) 79 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. G. Rink M.D.

Address 2020 E. Baltimore st.

Date Nov. 19 1906

Place of Burial Schwartz's Cemty

Date Nov. 22 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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95480
40

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95480

City of Baltimore, (No. 14, 31 W. Lafayette Av. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Mary E. Dorn

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm. J. Wheeler

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Hanna Thatcher

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Dorn

(Address) 1431 Lafayette Ave

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) — (Day) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 11/17 1906 to 11/20 1906

that I last saw h— alive on 11/19 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Toxaemia. Secondary Nephritis

(DURATION) 5 DAYS

Contributory Cancer of Stomach & Colon & Intestines (DURATION) DAYS

(Signed) H. J. Barnes M. D.

11/20 1906 (Address) 1631 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL (or removal) Loudon Park — DATE OF BURIAL Nov 22 1906

UNDERTAKER: M Sidney & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V 95481 Registered No. B 95481

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Yinger

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 51 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 85 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18. 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1906 to Nov. 18. 1906 that I last saw him alive on Nov. 18 1906, and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

C Ls, Dysentaritis

(DURATION) Unknown

Contributory (Primary) Arteriosclerosis &

Senility (DURATION) DAYS

(Signed) H H Owens M.D.

Address Bay View Asylum

Date November 18. 1906.

Place of Burial Western Cem-

Date Nov 21 1906

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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95482

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95482

City of Baltimore, (No. 1934 Mt Royal Terrace Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Carver Wheatley

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 18th (Month) (Day) 1903 (Year)

AGE: 3 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm F. Wheatley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Teresa Micholand

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F. Wheatley

(Address) 1934 Mt Royal

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 20th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Nov 20th 1906, that I last saw h[illegible] alive on Nov 19th 1906, and that death occurred, on the date stated above, at ——— M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

6 months (DURATION) ... DAYS

Contributory ... (DURATION) ... DAYS

(Signed) C. F. Micholand M.D.

1906 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bonnie Brae Cem

DATE OF BURIAL: Nov 21 1906

UNDERTAKER: E. M. Mitchell

ADDRESS: 120 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 95483 95483 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jeff Johnson

{Residence, if in Baltimore, Give Street and Number.} 225 Pig al.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Colored

DATE OF BIRTH: 1

AGE: 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1906

I HEREBY CERTIFY, That I attended deceased from 11/11 1906 to 11/16 1906

that I last saw him alive on 11/16 1906

and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Terminal Pneumonia

(DURATION) 1 DAYS

Contributory (Primary) Tuberculosis (DURATION) DAYS

(Signed) Prof P. C. Bay. M.D.

Address University Hospital

Date November 19 1906

Place of Burial UNIVERSITY OF MARYLAND

Date NOV 19 1906 190

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 95484 — Registered No. B 95484

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Williams

{ Residence, if in Baltimore, Give Street and Number. } 25 Laws Lane (Lohris lane)

Duration of Residence in Baltimore. 13yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: B.

DATE OF BIRTH: ..... 1 .....

AGE: 47 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: W

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/20 1906 HARRY D. ADAMS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1906 to Nov. 18 1906

that I last saw him alive on Nov. 18 1906

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate

Acute Pulmonary Congestion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis

Heart disease (DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date November 18 1906

Place of Burial UNIVERSITY OF MARYLAND.

Date Nov 19 1906

Undertaker Commissioner Health, C. W. Health Department

Address

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95485

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95485

City of Baltimore, (No. N.T.C. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Talbot Wolfe

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Nov. 8 1906 (Month) (Day) (Year)
AGE	..... years, ... months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Maryland.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	" "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Eva Stone.

(Address) N.T.C. Hospital

Filed 11/20 1906 HARRY S. ANDREWS PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 16 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1906 to Nov. 16 1906 that I last saw h alive on Nov. 16 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Acute Inanition.

(DURATION) DAYS

Contributory Exhaustion.

(DURATION) DAYS

(Signed) John Ruhrah M. D.

190 (Address) 839 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
UNIVERSITY OF MARYLAND.	NOV 20 1906
UNDERTAKER	**ADDRESS**
Commissioner Health,	Health Dept.

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95486

City of Baltimore, (No. 407 Myrtle Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Simms

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR Col

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Bertha Simms

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) UNIVERSITY OF MARYLAND.

Filed 11/20 190 6 HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Exhaustion

Lep

(DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Patrick F Martin M. D.

190 (Address) 407

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: UNIVERSITY OF MARYLAND. DATE OF BURIAL: NOV 19 1906 190

UNDERTAKER: Commissioner Health. ADDRESS: Health Dept

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95487 Registered No. B 95487

CERTIFICATE OF DEATH.

(Place of Death.) No. 1004 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. Gaff

{Residence, if in Baltimore, Give Street and Number.} 1004 N. Washington st.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 12 1860

AGE 46 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. City

FULL NAME OF FATHER Wm J. Gaff

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Annie Judge

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Can Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa M. Gaff

(Address) 1004 N. Washington

Filed 11/20 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Novem. 18 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 21 1906 to Nov. 18 1906 that I last saw h[illegible] alive on Nov. 18 1906 and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

4 or 5 Mos. (DURATION) DAYS

Contributory (Primary) —— (DURATION) DAYS

(Signed) Edwin B. Fenby, M.D.

Address 1219 N. Caroline st.

Date November 19 1906

Place of Burial Holy Redeemer Cem

Date Nov. 21 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 95488 — Registered No. B 95488

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CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert A. Linton

{ Residence, if in Baltimore, Give Street and Number. } 421 E. Monument

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Aug 27 1854

AGE: 52 years, 2 months, 26 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Samuel Linton

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Matilda Ballauf

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: House Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Mary E. Linton

(Address) 421 E Monument

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1906

I HEREBY CERTIFY, That I attended deceased from Coroner's Case 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 2-30 P. M. CAUSE OF DEATH, (Secondary or Immediate)

Shock from general Scalds of entire body

hrs.

(DURATION) 6½ DAYS

Contributory (Primary.) accidental fall in vat of hot molasses (DURATION) — DAYS

(Signed) Benj. D. Hayden Coroner M.D.

Address 1216 N. Caroline St.

Date Nov. 20 1906

Place of Burial St Vincents Cemetery

Date Nov 21st 1906

Undertaker Edward A Byrne

Address 302 N Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95489 Registered No. B 139

CERTIFICATE OF DEATH.

(Place of Death.) No. 112, N. Milton ave. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name James A. O'Mailey.

{Residence, if in Baltimore, Give Street and Number.} 112, N. Milton Ave

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Aug. 2. 1883

AGE: 23 years, 3 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: single

BIRTHPLACE (State or country): Baltimore Md,

FULL NAME OF FATHER: Patrick J. O'Mailey

BIRTHPLACE OF FATHER (State or country): Baltimore Md,

MAIDEN NAME OF MOTHER: Maggie Connolly

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Book Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick J. O'Mailey

(Address) 112 Milton Ave

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 18 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 23 1906 to Nov. 17 1906 that I last saw h in alive on Nov. 17 1906 and that death occurred, on the date stated above, at 2 a. m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

extreme emaciation

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis

Pulmonalis (DURATION) 120 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Nov. 18 1906

Place of Burial St Vincents Cemetery

Date Nov. 20 1906

Undertaker E. J. Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 8 — 95490 — Registered No. B 95490

113

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Zerner

{Residence, if in Baltimore, Give Street and Number.} 1616 Patterson Park Av.

Duration of Residence in Baltimore. 22 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. — COLOR: W.

DATE OF BIRTH: Sept. 25th 1849

AGE: 57 years, 1 month's, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Zerner

(Address) 1615 Patterson Pk. Ave.

Filed 11/20 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Nov. 18 1906

that I last saw him alive on Nov. 18 1906

and that death occurred, on the date stated above, at 1230 a m. CAUSE OF DEATH (Secondary or Immediate)

Congestion of Brain

Pneumonia

Shock following Operation.

Nov. 14

(DURATION) DAYS

Con'tributory (Primary.) Gall stones

(DURATION) DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date November 18 1906

Place of Burial Trinity

Date 11/21 1906

Undertaker John Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95491

City of Baltimore, (No. 1112, Connech, St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elisabeth Connor

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White.
DATE OF BIRTH	April 14 1884 (Month) (Day) (Year)
AGE	22 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Henry. Upthoff
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Christina Swiser
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Houre wife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christina Wirth

(Address) 26 N. Bond St.

Filed 11/20 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 18 (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Nov 18 1906, that I last saw her alive on Nov 17 1906, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Muscular Rheumatism around the Heart. and Paralysis.

(DURATION) 10 DAYS

Contributory

(DURATION) DAYS

(Signed) Fred W Nelson M. D.

Nov 18 1906 (Address) 1721, Carlton av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto. Cem.	11/21 1906
UNDERTAKER	ADDRESS 2008
John Herrig & Son	Orleans st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPART...

Ward 7

95492

Registered No. B 95492

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Pleasant alley St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Fredericka Kaufmann

{ Residence, if in Baltimore, Give Street and Number. } 2003 Pleasant alley

Duration of Residence in Baltimore. about 22 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 21st 1836

AGE: 70 years, 7 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Marshall

(Address) 2003 Pleasant alley.

Filed 11/20 1906

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 26 1906 to Nov. 17 1906, that I last saw h[er] alive on Nov. 17 1906, and that death occurred, on the date stated above, at 11.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 1 DAYS

Contributory (Primary.) Renal Asthenia + Exhaustion (DURATION) 5 DAYS

(Signed) Geo. Keller M.D.

Address 1937 Gough st

Date Nov. 19 1906

Place of Burial 1st Evangelical

Date Nov. 20th 1906

Undertaker H. Lander & Son

Address 1310 Eastern ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPT.

Ward 15 — 95493 — Registered No. B 95493

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1928 Ridgwood ave ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edna Slyder -

{Residence, if in Baltimore, Give Street and Number.} 1928 Ridgwood ave

Duration of Residence in Baltimore... Since Birth

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~November 19th 1906~~

AGE: ..... years, 11 months, 15 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Wilbur Slyder

BIRTHPLACE OF FATHER (State or country): Baltimore city

MAIDEN NAME OF MOTHER: Jennie Slyder

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: ~~Infant~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilbur Slyder

(Address) 1928 Ridgwood

Filed 11/20 1906 — MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 19th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1906 to Nov 19th 1906 that I last saw her alive on Nov 19th 1906, and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bronchitis

(DURATION) 10 DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) R. H. Lumpkin M.D.

Address 117 N. Fulton ave

Date Nov 19th 1906

Place of Burial New Cathedral

Date Nov 20 1906

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12nd 95494 Registered No. B 95494

CERTIFICATE OF DEATH.

(Place of Death.) No. 415 S. Chapel St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bridget Naughton

{ Residence, if in Baltimore, Give Street and Number. } 415 S. Chapel St.

Duration of Residence in Baltimore. 24 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 1843

AGE 63 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER James Conry

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Alice Conly

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bart. Naughton

(Address) 415 S. Chapel St.

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 15, 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1906 to Nov. 16, 1906 that I last saw h[illegible] alive on Nov. 17, 1906, and that death occurred, on the date stated above, at 6.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hydrothorax

(Synovitis and abscess caused by fall and striking knee a.b.j.)

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Nov. 19 1906.

Place of Burial Holy Cross Cem.

Date Nov. 21st 1906

Undertaker Jno. A. Inman

Address Evans & Arnold

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95495 Ward 15 Registered No. B 95495

CERTIFICATE OF DEATH.

(Place of Death.) No. 1357 Woodyer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jas. W. Carter

{Residence, if in Baltimore, Give Street and Number.} 1357 Woodyer St

Duration of Residence in Baltimore. Four weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH July 13th 1901

AGE 5 years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER Fannie Irvin

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Carter

(Address) 1357 Woodyer

Filed 11/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Haemorrhage

(DURATION) 2 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Silas Baltzell M.D.

Address Two Log. Ave. (Corner)

Date Nov. 20th- Prod & 1906

Place of Burial Hughsend (Charles

Date Nov 21st 06 190

Undertaker Clarence L. Wright

Address 1364 W Lanvale Street

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95496

Ward 19 Registered No. B 95496 3

CERTIFICATE OF DEATH.

(Place of Death.) No. 241 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of St. and Number.)

Full Name James E. Peters

{ Residence, if in Baltimore, Give Street and Number. } 241 N. Bruce

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1905
AGE	2 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	James Peters Sr
BIRTHPLACE OF FATHER (State or country)	Baltimore City
MAIDEN NAME OF MOTHER	Mary Scott
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Peters (Father)

(Address) 241 Bruce St

Filed

190 Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

1 Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edward Jones M.D.

Address

Date Nov 19 1906

Place of Burial Laurel Cemetery

Date Nov 21 1906

Undertaker Felix B. Pyle

Address 102 E Madison St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

WM. J. C. DULANY CO., BALTIMORE

95447

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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95447

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 804 W. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. Henry Rothauge

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: August (Month) 9 (Day) 1852 (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore city

FULL NAME OF FATHER: Philip Rothauge

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louise Rothauge

(Address) 804 N Franklin St

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 8 Apl. 1906 to 17 Nov 1906

that I last saw him alive on 11 11 1906,

and that death occurred, on the date stated above, at 5.45 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About 1 year (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) J. Towers Ingle M. D.

19 Nov 1906 (Address) 100 N Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	April 1906
UNDERTAKER	ADDRESS
Geo. Benz	534 Biddle

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and d... death.

95498

HEALTH DEPARTMENT

Ward ..... Registered No. B 95498

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kelley

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH ..... 1 .....

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/20 1906 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19 — 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 14 1906 to Nov. 19 1906 that I last saw h.. alive on Nov. 19 1906 and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis, Arterio-Sclerosis.

..... (DURATION) ..... DAYS

Contributory (Primary.) Bronchio-pneumonia (DURATION) 3 DAYS

(Signed) Lamar Hollyday M.D.

Address Bay View Hospital

Date Nov. 19 1906

Place of Burial Holy Cross Cemetery

Date Nov. 20 1906

Undertaker Henry Horde Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10

95499

Registered No. B 95499

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 N. Gay St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Samuel Kline

{ Residence, if in Baltimore, Give Street and Number. } 812 N. Gay St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH December 26 1

AGE 76 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Gretz

(Address) 812 N. Gay St

Filed 11/20 1906

HARRY C. ANDREWS, [illegible]IT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 18 1906

that I last saw him alive on Nov 18 1906,

and that death occurred, on the date stated above, at 8.25 a. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Gastritis

about 3 yrs. (DURATION) DAYS

Contributory (Primary.) Old Age

Exhaustion (DURATION) 4 DAYS

(Signed) D. C. Waldron M.D.

Address 917 Madison Ave

Date Nov. 18th 1906

Place of Burial Mt Carmel Cemetery

Date November 22nd 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95500

City of Baltimore, (No. 19, Lohis Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophie Lee

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	January 1849 (Month) (Day) (Year)
AGE	57 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Joerdun Higgs.
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Charlotte Higgs
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr John Lee

(Address) 19 Lohis Lane.

Filed Nov 21 1906

ISAAC C. ANDREWS, PERMIT CLERK.

C.S.C.R. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Nov. 18 1906

that I last saw her alive on Nov 18 1906,

and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

General Asthenia

(DURATION) DAYS

Contributory Uterine Cancer (DURATION) 1 Yrs

(Signed) Howard W Jones M. D.

Nov 21 1906 (Address) Lemmon Co

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Edendale Cem Md

DATE OF BURIAL Nov. 21. 1906

UNDERTAKER C. W. Dill

ADDRESS 810 Fedk ave.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 220 E. 25th St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Albert E. & Florence M. Muir

{ Residence, if in Baltimore, Give Street and Number. } 220 E. 25th St

Duration of Residence in Baltimore. Life time

B. 95501

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 14 1906

AGE — years, — months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Albert E. Muir

BIRTHPLACE OF FATHER (State or country) Philadelphia, Pa.

MAIDEN NAME OF MOTHER Florence M. Abell

BIRTHPLACE OF MOTHER (State or country) Philadelphia, Pa.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father - Alb. E. Muir

(Address) 220 E. 25½ St

Filed 11/21/ 1906 HENRY C. ANDREWS, CLERK S.E.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19. 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 19 1906

that I last saw her alive on Nov 19 1906,

and that death occurred, on the date stated above, at 9.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) One hour

Contributory (Primary.) Atelectasis (DURATION) 2 DAYS

(Signed) Henry C. O'Neill M.D.

Address 1203 W. Fayette St

Date Nov 20 1906

Place of Burial London Park

Date Nov 21st 1906

Undertaker John D. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95502

9

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. Franklin Ly Hosp St.; — Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert. Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 3 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Temple Carter

BIRTHPLACE OF FATHER (State or country): Alt Va

MAIDEN NAME OF MOTHER: Martha Carter

BIRTHPLACE OF MOTHER (State or country): Washington DC

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Carter

(Address) 1117 Homeley Lane

Filed 11/21/1906 HARRY O. ADDRESS; STATE FILE CLERK; S.S.E. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 20 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20 at 5.40 Pm 1906 to Nov 20 6.30 Pm 1906

that I last saw h alive on Nov 20 6.20 1906,

and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Spasmodic Croup

(DURATION) 50 minutes

Contributory —

(DURATION) ..... DAYS

(Signed) H. S. Ingleman M. D.

Nov 21 1906 (Address) Franklin Ly Hosp

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1117 Harmony Lane — How long at Place of Death? 50 Minutes Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Auburn — DATE OF BURIAL: Nov 24 1906

UNDERTAKER: Alfred J. Freeman — ADDRESS: 1020 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

11 A.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... Registered No. ...

CERTIFICATE OF DEATH.

19

(Place of Death.) No 2044 Keyser St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Bruce

{ Residence, if in Baltimore, Give Street and Number. } 2044 Keyser St

Duration of Residence in Baltimore. 4 yr D.95503.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: B

DATE OF BIRTH: ... 1 ...

AGE: ~~54~~ 50 Years ... years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Green

(Address) 2044 Keyser st

Filed 11/21 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw him alive on ... 190 ...

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fred'k Camalier M.D.

Address Coroners Dept.

Date Nov 18-06 1906

Place of Burial Laurel Cemetery

Date Nov 22 1906

Undertaker E A Kelly

Address 506 Rogers Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1414 May St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Bassell

{Residence, if in Baltimore, Give Street and Number.} 1414 May

Duration of Residence in Baltimore. Life

B. 95504

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH ..... 1 .....

AGE [illegible] 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Boston.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary J. Bassell

(Address) 414 May St

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 18 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5.05 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Edgar Cameron M.D.

Address Coroners Office

Date Nov. 18 1906

Place of Burial Forest Cemetery

Date Nov 22 1906

Undertaker H. Clint Rose

Address 506 Rampers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1338 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Cyrus Jones

{Residence, if in Baltimore, Give Street and Number.} 1338 Druid Hill Ave

Duration of Residence in Baltimore. Life

D.95505

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Jones

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret Fullen

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Jones

(Address) 1338 Druid Hill Ave

Filed 11/21 1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 17 — 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 — 1906 to Nov 17 — 1906

that I last saw him alive on Nov 17 — 1906,

and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Syncope sudden death (DURATION) DAYS

Contributory (Primary.) Aneurism (aorta) several yrs (DURATION) DAYS

(Signed) W. E. Harris M.D.

Address 1344 Druid Hill Ave

Date Nov 17 — 1906

Place of Burial Mt Zion

Date Nov — 21 1906

Undertaker C. H. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... 5506 Registered No. B ...

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 702 Portland St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Alice Ethel Wood

{Residence, if in Baltimore, Give Street and Number.} ~~1~~ 1530 S Charles

Duration of Residence in Baltimore. ~~Life~~ 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	September 6th 1888
AGE	18 years, 2 months, 13 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Calvert Co Md
FULL NAME OF FATHER	Wm J Wood
BIRTHPLACE OF FATHER (State or country)	Calvert Co Md
MAIDEN NAME OF MOTHER	Alice R Dixon
BIRTHPLACE OF MOTHER (State or country)	Calvert Co Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Wood

(Address) 1530 S Charles st.

Filed 11/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Nov 19 1906 that I last saw h[illegible] alive on Nov 19 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) 2 DAYS

Contributory (Primary) Tuberculosis

(DURATION) 21 DAYS

(Signed) Harry Boyd M.D.

Address 602 Columbia Ave.

Date Nov 19 1906

Place of Burial Baltimore Cemetery

Date Nov 22nd 1906

Undertaker Geo Schilling & Son

Address 1926 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 223 Carroll St (Woodberry) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles. E. Collett

{Residence, if in Baltimore, Give Street and Number.} 223 Carroll St (Woodberry)

Duration of Residence in Baltimore. Life

B. 4550

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 20 1906

AGE 1 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Charles. E. Collett

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Mrs Margaret Filmore

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles. E. Collett

(Address) 223 Carroll St

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Nov 20 1906

that I last saw him alive on Nov 20 1906,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia (DURATION) 4 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. Rowantz M.D.

Address 765 McCulloh

Date Nov 21/06 1906

Place of Burial St Marys Hampden

Date Nov 22 1906

Undertaker Wm E Chenoweth & Son

Address 919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 E Chase St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John H. Marshall

{Residence, if in Baltimore, Give Street and Number.} 609 E Chase St

Duration of Residence in Baltimore. Life B. 9550

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Sept 1 1838

AGE: 26 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md.

FULL NAME OF FATHER: Wm H. Marshall

BIRTHPLACE OF FATHER (State or country): Balto Co Md.

MAIDEN NAME OF MOTHER: Rachel Lindsay

BIRTHPLACE OF MOTHER (State or country): Indiana

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Wm H. Marshall

(Address) 609 E Chase St

Filed 11/21 1906 HARRY C. ANDREWS, BERNIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Nov 20 1906

that I last saw him alive on Nov 19 1906

and that death occurred, on the date stated above, at 5.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

consumption of Bowels, contused

3 months (DURATION) 20 DAYS

Contributory (Primary.) Hemorrhoids

3-Mon. (DURATION) 20 DAYS

(Signed) Dr. G. W. Howard M.D.

Address 705 Cathedral St

Date Nov 20 1906

Place of Burial Druid Ridge Cemetery

Date Nov 22 1906

Undertaker J. M. Routson

Address 231 N Greene St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95509

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1613 Pennsylvania Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Harry W. King

{ Residence, if in Baltimore, Give Street and Number. } 1613 Pennsylvania Ave.

Duration of Residence in Baltimore. Life D. 95509

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 5 1888

AGE: 18 years, 6 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Charles A King

BIRTHPLACE OF FATHER (State or country): Davenport Conn

MAIDEN NAME OF MOTHER: Rosa Dull

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Printer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Butler A Gaupe

(Address) 1613 Pennsylvania Ave

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Nov. 21 1906 that I last saw h alive on Nov. 20 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 2 DAYS

Contributory (Primary) Tuberculosis of Lungs (DURATION) 1 yr DAYS

(Signed) Irvin Eshman M.D.

Address 1711 Pa Ave

Date Nov 21 1906

Place of Burial Western Cemetery

Date November 23 1906

Undertaker Mrs Andrew Rohde & Son

Address 733 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

99

CERTIFICATE OF DEATH. 95510

Registered No. B.....

City of Baltimore, (No. 2011, Linden Av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha E. Coale

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 78 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore Co Md

FULL NAME OF FATHER: Philamon Coale

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hetty Bowen

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY ~~KNOWLEDGE~~ AND BELIEF.

(Informant) Frank W. Coale

(Address) Towson Md

Filed 11/21 1906 [illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

Lab

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Nov 19 1906 that I last saw her alive on Nov 19 1906, and that death occurred, on the date stated above, at 5 30 P. M. The CAUSE OF DEATH was as follows:

Exhaustion and Anemia following Pulmonary Hemorrhage

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Chas E. Sadtler M. D.

Nov 20 1906 (Address) 1415 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov. 21 1906

UNDERTAKER: E. M. Mitchell

ADDRESS: 150 W. Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm W. Lumpkin

{Residence, if in Baltimore, Give Street and Number.} 1416 W. Lexington St

95511

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH Jan. 9 1876

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Robt G Lumpkin

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Hanna S Ferry.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Farmer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R G L Lumpkin

(Address) 1171 N. Fulton ave

Filed 11/21 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20. 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9, 1906 to Nov 20, 1906 that I last saw h~~im~~ alive on Nov 20, 1906, and that death occurred, on the date stated above, at 1-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis.

8 yrs. (DURATION) = DAYS

Contributory (Primary.) Cathexia

Heart failure (DURATION) — DAYS

(Signed) E. E. Langley M.D.

Address Md. Gen. Hospital

Date Nov 20, 1906

Place of Burial Green Mount

Date November 22 = 1906

Undertaker E Madison Mitchell

Address 1201 W. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

95512 Registered No. B

CERTIFICATE OF DEATH.

V

(Place of Death.) No. 1160 Bowen St St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick Wunder.

{Residence, if in Baltimore, Give Street and Number.} 1160 Bowen St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov - 30 — 1869
AGE	35 years, 11 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md —
FULL NAME OF FATHER	John Wunder
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Rosie Burg.
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Wunder

(Address) 1160 Bowen St.

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11 1906 to Nov 20 1906 that I last saw h in alive on Nov. 18 1906, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

Contributory (Primary.) Chronic (DURATION) DAYS

Possibly Bronchitis (DURATION) DAYS

(Signed) [illegible] M.D.

Address 721 Columbia ave,

Date Nov. 21 1906

Place of Burial Mt Carmel

Date Nov - 22 1906

Undertaker Wm J Tickner & Sons

Address Camden & Paca St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 12 N Grove St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth C Gritzner

{ Residence, if in Baltimore, Give Street and Number. } 12 N Grove St

Duration of Residence in Baltimore. Life D.95513

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 13th 1906

AGE ..... years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Otto H. Gritzner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Leonhardt

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto H. Gritzner

(Address) 12 N. Grove St.

Filed 11/21 1906 [redacted] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Nov 20 1906 that I last saw h[illegible] alive on Nov 18 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

5 (DURATION) DAYS

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) Chas. F. Blake M.D.

Address 1623 E Balto St

Date Nov 21 1906

Place of Burial Mt Carmel

Date Nov 21st 1906

Undertaker H. Gaudet & Son

Address 1718 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 55514 Registered No. D

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 317 King St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Wilson

{ Residence, if in Baltimore, Give Street and Number. } 317 King St

Duration of Residence in Baltimore. Life

D. 95514

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Sarah Blackwell

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Jones

(Address) 317 King st

Filed 11/21/1906 HARRY C. ANDREWS, PERMIT CLERK. S.2.6. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Oct 22 1906 to Nov 14 1906

that I last saw h alive on Nov 14 1906,

and that death occurred, on the date stated above, at 2 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

6 mos (DURATION) DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) C. E. Tuckerton, M.D.

Address 1727 E. Pratt

Date Nov 20 1906

Place of Burial Laurel cemetery

Date Nov 22 1906

Undertaker Geo H Hooper

Address 609 Little Pratt

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward VI 95515 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 704 E Fort ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Harmon

{ Residence, if in Baltimore, Give Street and Number. } 704 E Fort ave

Duration of Residence in Baltimore. Two Years D. 95515

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR White

DATE OF BIRTH 1838

AGE 68 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam E. Harmon.

(Address) 704 E Fort

Filed 11/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Nov 19 1906 that I last saw h alive on 11.19 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

From Infancy (DURATION) One Year DAYS

Contributory (Primary.) & (DURATION) DAYS

(Signed) L. J. Dunlis M.D.

Address 720 E Fort ave

Date Nov 21 1906

Place of Burial Portsmouth Va.

Date Nov 21 1906

Undertaker Jos. Stanton & Sons

Address 1318 E Gst st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Smith

{ Residence, if in Baltimore, Give Street and Number. } 506 Union St B.95516

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male. | COLOR Black.

DATE OF BIRTH Aug 1, 1856

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Joseph Smith

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Eliza -

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hesta Jones.

(Address) 506 Union St.

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 9, 1906 to Nov 20, 1906 that I last saw him alive on Nov 19, 1906 and that death occurred, on the date stated above, at 5-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Brights Disease

1

2yrs. (DURATION) - DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hospital.

Date Nov 20, 1906

Place of Burial Mt Auburn

Date November 21 1906

Undertaker John E Hough Co

Address 1722 Pennsylvania Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. D.

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Cator Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Bauce D. 95517

{ Residence, if in Baltimore, Give Street and Number. } 616 Cator Ave

Duration of Residence in Baltimore. 35 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: colr

DATE OF BIRTH: 1

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie M. Brightman

(Address) 616 Cator Av

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1906 to Nov. 20 1906

that I last saw h— alive on Nov. 20 1906,

and that death occurred, on the date stated above, at 9-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) H. G. Prentiss M.D.

Address 809 Gorsuch Ave

Date Nov. 21st 1906 V 190

Place of Burial Loudent Park

Date Nov 23 1906

Undertaker Wm Cook

Address 502 E Hart Av

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. Lot Brown, found in cellar of #6 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lot Brown

{Residence, if in Baltimore, Give Street and Number.} D.955 B

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH: 1	
AGE: — years, — months, a few hours days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S	
BIRTHPLACE (State or country): Bald.	
FULL NAME OF FATHER: Lot Brown	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B.S. Hayden

(Address) 1216 N. Carolina st.

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH about Oct 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 06 to Nov 20 1906

that I last saw h alive on — 190—,

and that death occurred, on the date stated above, at —

M. CAUSE OF DEATH (Secondary or Immediate)

Strangulation

— Murder —

(DURATION) — DAYS

Contributory (Primary) Injured

wound neck. (DURATION) — DAYS

(Signed) Benj. S. Hayden M.D. Coroner

Address 1216 N. Carolina st

Date Nov 20 1906

UNIVERSITY OF MARYLAND.

Place of Burial

Date NOV 20 1906 190—

Commissioner Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

260

Ward V 95519

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name. Barney Roe

{Residence, if in Baltimore, Give Street and Number.} 1102 S. Charles St.

Duration of Residence in Baltimore. Life

D 95519

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: 1

AGE: 48 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Roe

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Dugley

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Boatsman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Roe

(Address) Hopkins Hospital

Filed 11/21 1906 HARRY C. ANDREWS, SUBMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21st 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 19th 1906 to Nov. 21st 1906

that I last saw him alive on Nov. 21 1906

and that death occurred, on the date stated above, at 6.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) One DAYS

Contributory (Primary) Pulmonary Tuberculosis

Burned Body (DURATION) — DAYS

(Signed) W.G. Dorsey M.D.

Address City Hospital

Date November 21st 1906

Place of Burial New Cathedral

Date Nov 23 1906

Undertaker Wm Schaffe

Address 8 E Front St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B 45520

CERTIFICATE OF DEATH.

119

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Elsworth T Robinson

{ Residence, if in Baltimore, Give Street and Number. } 1111 Jefferson St.

Duration of Residence in Baltimore. ... " " B. 45520

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH Sept 26 1881

AGE 25 years, 1 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Harry Robinson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Emma Henry

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Robinson

(Address) Sta O. Va.

Filed 11/26 1906 HARRY C. ANDREWS, [illegible] CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Nov 21 1906 that I last saw him alive on Nov 21 1906, and that death occurred, on the date stated above, at 7 05 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

(DURATION) DAYS

Contributory (Primary.) Acute Appendicitis

(DURATION) DAYS

(Signed) Stephen Rushmore M.D.

Address Johns Hopkins Hosp.

Date 11/22 1906

Place of Burial Mill Creek Wharf Middle

Date November 22nd 1906

Undertaker Felix B Rye.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 East Madison Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Virginia Bennett

{Residence, if in Baltimore, Give Street and Number.} 110 East Madison St. D. 95521

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 17 1876

AGE 30 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Joseph Ellendorf

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Adelaide Ellendorf

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Foster

(Address) 110 E. Madison St

Filed Nov 22 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 13th 1906 to Nov 20th 1906

that I last saw her alive on Nov 20th 1906,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Perforation of Intestine with Collapse

(DURATION) 3 hrs, DAYS

Contributory (Primary.) Typhoid Fever

(DURATION) abt 21 DAYS

(Signed) Wm F. Lockwood M.D.

Address 8 E. Eager St

Date Nov 21st 1906

Place of Burial New Cathedral Cem

Date November 22nd 1906

Undertaker Hall Jenkins Undertaking Co

Address 233 to 237 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

Registered No. B .....

114

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Samuel A Mendels

{ Residence, if in Baltimore, Give Street and Number. } # 716 Lennox St,

D.95522

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balt

FULL NAME OF FATHER Mendel Mendels

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Henrietta Offit

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Mendels

(Address) 2407 Linden

Filed Nov 22 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 21 1906

that I last saw him alive on Nov 21 1906,

and that death occurred, on the date stated above, at 9:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Hemorrhage

(DURATION) 2 hours

Contributory (Primary.) Cholecystitis

(DURATION) uncertain DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date Nov 21st 1906

Place of Burial Balt Hebrew Cem

Date Nov. 23rd 1906

Undertaker G. D. David & Sons Inc

Address 928 Madison Ave

& 716 Lennox St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 95523 Registered No. B 45

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm. Fenstermacher

{ Residence, if in Baltimore, Give Street and Number. } Chambersburg, Pa.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1837

AGE 69 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E M Smith

(Address) Chambersburg.

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 13 1906 to Nov. 21 1906

that I last saw h im alive on Nov. 21 1906,

and that death occurred, on the date stated above, at 10.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary) Carcinoma (of Prostate Gland a.o.f.)

(DURATION) DAYS

(Signed) J. H. Smith Jr., M.D.

Address Univ. Hospt.

Date Nov. 22, 1906

Place of Burial Chambersburg Pa

Date Nov 24 1906

Undertaker H M Routzahn

Address 230 E Greene St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95524 — Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1508 Webster St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank D Dolan

{Residence, if in Baltimore, Give Street and Number.} Wm Dolan

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M — COLOR W

DATE OF BIRTH Nov 21 1906

AGE (Lived 1/2 hour) years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Frank D Dolan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Winnie Stannard

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Dolan

(Address) 1508 Webster st

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1906

I HEREBY CERTIFY, That I attended deceased from 11.21 1906 to 11.21 1906

that I last saw h alive on 11.21 1906,

and that death occurred, on the date stated above, at 4.30 a M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia Broncho

7th month of Utero Gestation

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F Dunnington M.D.

Address 120 E Fort ave

Date 11.21 1906

Place of Burial Cedar Hill Cemetery

Date Nov 22nd 1906

Undertaker E. J. Fanning

Address 1460 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B95525

City of Baltimore, (No. 156 N. Exeter St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Brenner

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 19 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Isaac Brenner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rachil Freedman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D Hyman

(Address) 118 Abernal st.

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 3rd 1906 to Nov. 21st 1906.

that I last saw h[illegible] alive on 21st Nov 1906,

and that death occurred, on the date stated above, at 7.20 P. M. The CAUSE OF DEATH was as follows:

Typhoid Fever

(DURATION) DAYS

Contributory Pleurisy with effusion (DURATION) 5 DAYS

(Signed) A. J. Lacer M. D.

Nov. 21st 1906 (Address) 2003 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Roas Dale	Nov 22 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward V 93526 Registered No. D 93526

CERTIFICATE OF DEATH.

36

(Place of Death.) No. 618. Cider alley. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence Colbert Jackson

{ Residence, if in Baltimore, Give Street and Number. } 618 Cider alley

Duration of Residence in Baltimore. 8 months. D 95526

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black
DATE OF BIRTH	Mar. 15, " 1906
AGE	0 years, 8 months, 5 days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	U. S. M. Hospital
FULL NAME OF FATHER	Wm. H. Brod. Jaques
BIRTHPLACE OF FATHER (State or country)	Memphis Tenn.
MAIDEN NAME OF MOTHER	Alice Bradley
BIRTHPLACE OF MOTHER (State or country)	Nottingham Md
OCCUPATION OF DECEASED	~~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Relative & Mother

(Address) 618 Cider alley

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Nov. 20, " 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Nov 20 1906

that I last saw h[illegible] alive on Nov. 20 1906

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) DAYS

Contributory (Primary.) Syphilis. (DURATION) DAYS

Hereditary. —

(Signed) Robt. P. Bay M.D.

Address University Hospital

Date Nov 21 1906

Place of Burial ~~Mount St.~~ Cemetery

Date Nov. 22 1906

Undertaker Jno. H. [illegible]

Address 202 Hill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 95527 Registered No. B [illegible] 13

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 N. Exeter St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name David H. Baker

{Residence, if in Baltimore, Give Street and Number.} 529 N. Exeter St.

Duration of Residence in Baltimore. about 3 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, [illegible] months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: David Baker

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Rachel Harner

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Snyder

(Address) 529 N. Exeter St

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 20 1906

that I last saw him alive on Nov 20. 11 p.m. 1906,

and that death occurred, on the date stated above, at 1/2 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 1 week (DURATION) DAYS

Contributory (Primary.) [illegible] (DURATION) DAYS

(Signed) W D Booker M.D.

Address 208 W Monument St

Date Nov 22 1906

Place of Burial Baltimore Cemetery

Date Nov. 23 06. 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95528

City of Baltimore, (No. 1218 Bolton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs [redacted] Beatty

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb (Month) 2 (Day) 1841 (Year)

AGE 65 years, 9 months, 19 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A. E. Connell

(Address) 1218 Bolton St

Filed 11/22 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1906 to Nov 20th 1906

that I last saw h er alive on Nov 20th 1906,

and that death occurred, on the date stated above, at 2.15 P. M. The CAUSE OF DEATH was as follows:

Chronic Valvular Disease of Heart.

Several Years (DURATION) DAYS

Contributory Asthenia (DURATION) 14 DAYS

(Signed) H. J. Carrick M. D.

Nov 21st 1906 (Address) 447 W. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral — DATE OF BURIAL: Nov 22 1906

UNDERTAKER: F. A. Krause & Bro ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Ward 4 — 95529 — Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Helle

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk.

DATE OF BIRTH: Sept. 23 1906.

AGE: — years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McClannan

(Address) 2005 Madison Ave.

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Nov. 21 1906

that I last saw h er alive on Nov. 20 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClannan M.D.

Address 2005 Madison Ave

Date Nov. 21 1906

Place of Burial Cathedral Cemetery

Date Nov 22 1906

Undertaker Felix B. Pugh

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) N 686 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ester Smith

{Residence, if in Baltimore, Give Street and Number.} 686 Sarah Ann

Duration of Residence in Baltimore. Life

0.95530

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: C

DATE OF BIRTH: 1

AGE: 1 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Randolph Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ester Williams

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ester Smith

Address 686 Sarah Ann St.

Filed 11/22 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from an epsom 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

I. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Patrick Martin M.D.

Con.

Address

Date Nov 21 1906

Place of Burial Laurel Cemetery

Date Nov 22 1906

Undertaker Felix B. Pye

Address 102 C Mulberry St

WM. J. C. DULANY CO. ENGRAVERS

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 7

CERTIFICATE OF DEATH.

1720

(Place of Death.) No. 1423 Riviera Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A. Witter

{Residence, if in Baltimore, Give Street and Number.} 1423 Riviera Av.

Duration of Residence in Baltimore. 60 years D.4553

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 7 — 20 — 1838

AGE 68 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Hanover Germany

FULL NAME OF FATHER John Witter

BIRTHPLACE OF FATHER (State or country) Hanover Germany

MAIDEN NAME OF MOTHER do not know

BIRTHPLACE OF MOTHER (State or country) Hanover Germany

OCCUPATION OF DECEASED Shipbuilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Witter

(Address) 1517 Riverside Ave

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Nov 19 1906

that I last saw him alive on Nov 19 1906,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Chron. Interstit. Nephritis

& Cardiac Dilatation —

to my knowledge DURATION 1 DAYS

Contributory (Primary.)

Heart failure DURATION 1 day DAYS

(Signed) Robt. B. G. Leitch M.D.

Address 1318 N. Charles St.

Date Nov. 21 1906

Place of Burial Balto Cemetery

Date Nov 22 PM 1906

Undertaker John J Fahey

Address 1232 Hillman St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1218 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Elizabeth Jacobs

{ Residence, if in Baltimore, Give Street and Number. } 1218 Williams

Duration of Residence in Baltimore. Lifetime D 9532

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 11 1836
AGE	70 years, 6 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	W. L. Hartlow
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Wright

(Address) 1218 William St

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 21 1906

that I last saw h alive on Nov 20 1906

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

(DURATION) 5 DAYS

Contributory (Primary) Cardiac Palsy

Two months (DURATION) DAYS

(Signed) E. D. Ellis M.D.

Address 918 Light St

Date 11/22 1906

Place of Burial Mt. Olivet Cemetery

Date Nov. 23rd 1906

Undertaker John J. Foley

Address 1232-36 Milliken St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — 95533 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 Short St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarry Bouldin

{Residence, if in Baltimore, Give Street and Number.} 421 Short

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH ..... 1 .....

AGE ..... years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Cuba

FULL NAME OF FATHER Bucko Baldin

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Blanchsmith

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Smith

(Address) 421 Short st

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 2 — 190[illegible]

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 ..... 9 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Surgeon)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Joseph Lawrence M.D.

Address Darne. Md

Date Nov 21 1906

Place of Burial Laurel Cemetery

Date Nov 22 1906

Undertaker R. E. Holland

Address 506 Royer

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nettie Nichols

{ Residence, if in Baltimore, Give Street and Number. } 690 W. Mulberry St

B. 95534

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1906 to Nov. 21 1906 that I last saw h e alive on Nov. 21 1906, and that death occurred, on the date stated above, at 3 30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J. Sterling Gentry M.D.

Address Bay View Hospital

Date Nov. 21 1906

Place of Burial Salisbury Md

Date Nov 22 1906

Undertaker R. K. Collins

Address 506 Roger Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward 14

95535

CERTIFICATE OF DEATH.

(Place of Death.) No. 1510 Madison ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Eccles Jr.

{Residence, if in Baltimore, Give Street and Number.} 1510 Madison ave.

Duration of Residence in Baltimore. Since 1869

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Aug 5th 1830	
AGE: 76 years, 3 months, 16 days	
~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country): Manchester England	
FULL NAME OF FATHER: Samuel Eccles	
BIRTHPLACE OF FATHER (State or country): England	
MAIDEN NAME OF MOTHER: Prudence Margerison	
BIRTHPLACE OF MOTHER (State or country): England	
OCCUPATION OF DECEASED: Retired	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robb Eccles

(Address) 1510 Madison ave

Filed 11/22 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Nov. 1906 that I last saw him alive on Nov. 21 1906 and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Abscess

(DURATION) 3 ~~months~~ days

Contributory (Primary) Enlarged Prostate & Cystitis (DURATION) 1 year

(Signed) Lewis B. Palmer M.D.

Address 1021 Madison ave.

Date Nov. 21 1906

Place of Burial London Park Cemetery

Date November 21st 1906

Undertaker Stewart & Nowra Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95536 Registered No. B 95536

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 329 E 21½" St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Philip L Howlett

{Residence, if in Baltimore, Give Street and Number.} 329 E. 21½ St.

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: wh

DATE OF BIRTH: Unknown 1

AGE: About 2 years, months, days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Philip Howlett

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ant Bur

(Address) 1107 W Fayette Ave

Filed 11/22 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy - Cerebral

4 hrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward Smithgall M.D.

Address 1818 N. Charles St.

Date Nov 21 1906

Place of Burial Laurel Cemetery

Date Nov 22 1906

Undertaker John A. Bishop

Address 1107 W Fayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 9553? — Registered No. 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 N Eutaw st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William T B Hedrick

{Residence, if in Baltimore, Give Street and Number.} 302 N Eutaw st

Duration of Residence in Baltimore. Life

B. 9553 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: W White

DATE OF BIRTH: Jan 3 1897

AGE: 9 years, 10 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Frank B Hedrick

BIRTHPLACE OF FATHER (State or country): Balto Co. Md

MAIDEN NAME OF MOTHER: Mary A Benton

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hedrick

(Address) 302 N Eutaw st

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21st 1906 to to Nov 22d 1906 that I last saw h in alive on Nov 22d 1906, and that death occurred, on the date stated above, at 7:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) DAYS

Contributory (Primary.) Sore throat

(DURATION) 6 DAYS

(Signed) L. B. Evans M.D.

Address 316 N Paca St.

Date Nov. 22d 1906

Place of Burial Crmpt in Queen Anne Co Md

Date Nov 27 1906

Undertaker E M Mitchell

Address 120 N Fayette st

2 P M

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 231 President St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ernest Blomeier

{Residence, if in Baltimore, Give Street and Number.} 231 President St.

Duration of Residence in Baltimore. 40 years

D. 9538

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: September 27th 1828

AGE: 78 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fredericka Blomeier

(Address) 231 President St.

Filed 11/22 1906 HARRY C. ANDREWS. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 4th 1906 to Nov. 19th 1906 that I last saw him alive on Nov. 3rd 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 15 DAYS

Contributory (Primary.) Gen. debility

(DURATION) DAYS

(Signed) E. B. Burton M.D.

Address 1711 E. Baltimore St.

Date Nov. 21st 1906

Place of Burial Trinity Cemetery

Date Nov. 22 1906

Undertaker HENRY SANDER & SONS, S. E. Cor. Broadway & Balto. Sts. and 1703-1710 Caston Avenue.

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4th — Registered No. B 95539

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 2124 Caston av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wiktoria Metka

{Residence, if in Baltimore, Give Street and Number.} Baltimore

Duration of Residence in Baltimore. life time

D. 95539

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September 21 of 1902

AGE: 4 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Maciej Metka

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Marie Waszczak

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maciej Metka

(Address) 2124 Caston av

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 21 1906

I HEREBY CERTIFY, That I attended deceased from November 17 1906 to November 21 1906 that I last saw her alive on Nov 21 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Diphtheria

(DURATION) 6 DAYS

Contributory (Primary.) Condition

Paralysis (DURATION) 1 DAYS

(Signed) S. J. Szumalski M.D.

Address 922 S. Ann st

Date Nov 22 1906

Place of Burial St. Stanislaus

Date November 22 1906

Undertaker Jacob Tkaczowski

Address 428 S. Bond

2 P M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 95540 Registered No. B 95540

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1526 Thames Str St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kolacz

{ Residence, if in Baltimore, Give Street and Number. } 1526 Thames Str

Duration of Residence in Baltimore. ~~~~~

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~~~ ~~ 1 ~

AGE: 39 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: J. Kolacz

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Nt. Known

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kolacz Wife

(Address) 1526 Thames St

Filed 11/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 21 1906 that I last saw h alive on Nov 17 1906, and that death occurred, on the date stated above, at a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Not known (DURATION) DAYS

Contributory (Primary.) ~~~~

(DURATION) DAYS

(Signed) John Girdwood M.D.

Address 1811 E Balto St

Date November 22 1906

Place of Burial Holy Rosary

Date November 23 1906

Undertaker Jacob. Fiaskowski

Address 428. S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 95541 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin F. Scott.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: .....1.....

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Lumberman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wellington Walker

(Address) 742 W Hoffman

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 21 1906

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Nov 21 1906 that I last saw h alive on Nov 21 1906 and that death occurred, on the date stated above, at 3.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis, Pulmonary Tuberculosis

.....(DURATION) ..... DAYS

Contributory (Primary.) Hypostatic Congestion. (DURATION) ..... DAYS

(Signed) Harvey Beatty M.D.

Address Bay View Hospital

Date Nov. 22 1906

Place of Burial Mount Auburn

Date Nov 23 1906

Undertaker John H Owens

Address 1222 Dumbarton Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Mary Thawley

{Residence, if in Baltimore, Give Street and Number.} 1109 Riverside Ave

Duration of Residence in Baltimore. Life

D 95542

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR White

DATE OF BIRTH 1863

AGE 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Michael Higgins

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary [illegible]

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles B Thawley

(Address) [redacted] Husband

Filed 11/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Nov 20 1906

that I last saw h[illegible] alive on Nov 20 1906,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

(DURATION) DAYS

Contributory (Primary) Pneumonia croupous

(DURATION) DAYS

(Signed) Bernard Wells M.D.

Address St Josephs Hosp

Date Nov 20 1906

Place of Burial Cathedral Cem.

Date November 23. 1906

Undertaker Daniel J Margt & Florence

Address 42 E West Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

121

CERTIFICATE OF DEATH.

Registered No. B 95543

City of Baltimore, (No. 1418 Eutaw Place Balto St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucy M. Ware

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Female~~

COLOR: White

DATE OF BIRTH: Dec 24th 1849 (Month) (Day) (Year)

AGE: 56 years, 11 months, 6 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Vermont

FULL NAME OF FATHER: William F Richardson

BIRTHPLACE OF FATHER (State or country): Vermont

MAIDEN NAME OF MOTHER: Sophia R Plummer

BIRTHPLACE OF MOTHER (State or country): Vermont

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) miss L Moore

(Address) Vermont

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 22nd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 14th 1906 to Nov 22nd 1906 that I last saw her alive on Nov 22nd 1906, and that death occurred, on the date stated above, at 9 a. m. The CAUSE OF DEATH was as follows:

Hypernephroma of r. Kidney

8 - 10 yrs (DURATION) DAYS

Contributory Surgical operation

Hemorrhage (DURATION) DAYS

(Signed) Howard A Kelly M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Battleboro Vermont — DATE OF BURIAL: Nov 26 1906

UNDERTAKER: Stewart Mowen & — ADDRESS: 215 Park

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 95544

City of Baltimore, (No. ~~12~~ 1230 N Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Minnie J. McGinnity

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W.

DATE OF BIRTH: Sept 26 1874 (Month) (Day) (Year)

AGE: 32 years, 2 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Bernard McGinnity

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Stuart,

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Fanny Brown

(Address) 1230 N Caroline st

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 20, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1905 to Nov 20, 1906.

that I last saw h[er] alive on Nov 20 1906, and that death occurred, on the date stated above, at 9 20 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) ..... DAYS

Contributory Pulmonary Tuberculosis

(DURATION) ..... DAYS

(Signed) C. St. Hayward M. D.

Nov 21 1906 (Address) 1230 N Caroline.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Govans. | DATE OF BURIAL: Nov 23rd 1906

UNDERTAKER: Geo. M. Fink | ADDRESS: 811 N Gay St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B 95545

City of Baltimore, (No. 2626 Francis St.; 13 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Maria Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1847 (Year)

AGE: 59 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philadelphia Pa

FULL NAME OF FATHER: George Maitland Chamber

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Helen Maria Chamberlin

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel L Smith

(Address) 2626 Francis St

Filed 11/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to Nov 20 1906

that I last saw her alive on Nov 20 1906,

and that death occurred, on the date stated above, at 6.35 A. M. The CAUSE OF DEATH was as follows:

Organic heart disease

two years (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Fred C Jewett M. D.

Nov 21 1906 (Address) 2208 W Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov. 23 1906

UNDERTAKER: Chas. E. Frances — ADDRESS: 946 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 95546 — Registered No. B

CERTIFICATE OF DEATH.

157

(Place of Death.) No. Lying-in Hosp. Univ. of Md. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Christina Blanck (Smith)

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

D-95546

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Nov. 21-1906 +

AGE 1 hr ~~years~~ ~~months~~ ~~days~~

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Lane Smith

BIRTHPLACE OF FATHER (State or country) N. Carolina

MAIDEN NAME OF MOTHER Christina Blanck (Smith)

BIRTHPLACE OF MOTHER (State or country) N. Carolina.

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/22 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Nov 21 1906 that I last saw h. alive on Nov. 21 1906, and that death occurred, on the date stated above, at 5:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature Infant

(DURATION) 1 hr ~~DAYS~~

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. O Deer M.D.

Address 622 N. Lombard St

Date 190

Place of Burial UNIVERSITY OF MARYLAND.

Date NOV 22 1906 190

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

278

Ward ... 9554

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 N. Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanah Bower

{ Residence, if in Baltimore, Give Street and Number. } 1210 N. Wolfe Street.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	Don't Know. 1
AGE	80 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Don't Know.
BIRTHPLACE OF FATHER (State or country)	Don't Know.
MAIDEN NAME OF MOTHER	Don't Know
BIRTHPLACE OF MOTHER (State or country)	Don't Know
OCCUPATION OF DECEASED	House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah M. Tilghman

(Address) 1210 N. Wolfe St.

Filed 11/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 20th November 1906.

I HEREBY CERTIFY, That I attended deceased from 31-10- 1906 to 20-11- 1906 that I last saw h er alive on 20-11- 1906, and that death occurred, on the date stated above, at 8.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Parenchymatous nephritis.

Several months (DURATION) ——— DAYS

Contributory (Primary) Uraemia (DURATION) Several DAYS

(Signed) E. T. Boyle M.D.

Address 1418 Jefferson Street

Date 21-11-06.

Place of Burial Laurel Cem

Date November 23rd 1906

Undertaker Thos. H. Orem

Address 101 N. Eutaw St

4

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

95548

Registered No. B.....

City of Baltimore, (No. 2721 Jake Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ann Patterson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: Not Known About 70 Years ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: George Fardwell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Lelia Lockerman

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ivand Patterson

(Address) 2721 Jake Road.

Filed 11/22 1906

HARRY O. ANDREWS; PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 11-11-06 190 to 11-21-06 190

that I last saw her alive on 11-21-06 190,

and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Old age.

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H W Gadders M. D.

11/21/06 190 (Address) 2631 Jk Rd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount CEMETERY.

DATE OF BURIAL: Nov 24 1906

UNDERTAKER: H. E. HUGHES.

ADDRESS: 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 0 95549 Registered No. B 95549

CERTIFICATE OF DEATH.

(Place of Death.) No. 702 E 20th St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lemuel Dallas Rusk

{Residence, if in Baltimore, Give Street and Number.} 702 E 20th St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Lemuel Dallas Rusk

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Mrs Coll

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Carr

(Address) 702 20th St.

Filed 11/22 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1. 1906 ~~190~~ to 21 November 1906 that I last saw h. liv. alive on 19 November 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Anephritis Nephritis

Cancer of Stomach

(DURATION) 62 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Rusk M.D.

Address 2000 E. Balt-

Date Nov. 22 1906

Place of Burial Baltimore. CEMETERY.

Date NOV 23 1906 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

Ward ..... Registered No. D .....

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Daly

{ Residence, if in Baltimore, Give Street and Number. } .....

D 95550

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 25 1854

AGE 52 years, — months, — days

~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thomas Lyons

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Catherine Moran

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley Sts

Filed Nov 23rd 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

C. S. & C. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Ev alive on Nov 19 1906,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) J. A. Warner M.D.

Address 1133 Valley st

Date Nov 21 1906

Place of Burial Cathedral

Date Nov 23 1906

Undertaker H. C. Wiedefeld

Address 914 Guilford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 35551 Register

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CERTIFICATE OF DEATH.

(Place of Death.) No. 722 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A. Grimm

{Residence, if in Baltimore, Give Street and Number.} 722 S Charles st

Duration of Residence in Baltimore. Life

B. 35551

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1836

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Grimm

(Address) 722 S. Charles

Filed 11/25 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 20 1906

that I last saw her alive on Nov 19 1906,

and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

General senile decay

Asthenia

(DURATION) 14 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. B. Burch M.D.

Address 828 N. Carrollton

Date Nov 22 1906

Place of Burial Cathedral Cemetery

Date Nov 23 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — 95552 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1302 Light St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hattie F. Charshee

{Residence, if in Baltimore, Give Street and Number.} 1302 Light St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: June 1 1884

AGE: 22 years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Robert T. Charshee

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Emma P. Bernard

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert T Charshee

(Address) 1302 Light st

Filed 11/23 1906 — BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 22d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 22d 1906 that I last saw h-- alive on Nov 22d 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion + Heart Fatilure

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. B. Hayden M.D.

Address 1425 Light St

Date Nov 22d 1906

Place of Burial Havre de Grace M

Date Nov 23 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 Parish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Purton

{ Residence, if in Baltimore, Give Street and Number. } 1412 Parish alley

Duration of Residence in Baltimore. 41 Years

D 95537

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Unknown

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lana Purton

(Address) 1412 Parish al.

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Old age & general debility

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Hiram Woodruff M.D.

Address 700 Eas. Ave. (Canton)

Date Nov. 22nd 1906

Place of Burial National Cemetery

Date Nov. 28 1906

Undertaker Jno E Haughton Co

Address 1422 Pinna Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 95554 Registered No. B 4

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Haman

{Residence, if in Baltimore, Give Street and Number.} 27 years, 208 S. Chester St

Duration of Residence in Baltimore. 27 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH —

AGE 76 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles J. Haman

(Address) 208 S Chester St

Filed 11/23 1906 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1906 to Nov 22, 1906

that I last saw h[illegible] alive on Nov 21, 1906,

and that death occurred, on the date stated above, at 4

11. CAUSE OF DEATH (Secondary or Immediate)

Malaria

(DURATION) 52 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. C. [illegible], M.D.

Address 11 E. Lexington

Date Nov. 22, 1906.

Place of Burial Trinity Cem

Date November 24 1906

Undertaker Kendall Dieffenderfer

Address 334 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95555

City of Baltimore, (No. 1034 N. Central Ave. St.; 10. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Huber

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Feb. (Month) 14. (Day) 1905 (Year)

AGE 1 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Henry Huber

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Antoinette Stresnky

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Huber (father)

(Address) 1034 N. Central Ave.

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22nd. (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 17. 1906 to Nov. 22nd. 1906 that I last saw him alive on Nov. 21st. 1906 and that death occurred, on the date stated above, at 6.25 A.M. The CAUSE OF DEATH was as follows:

Internal Spasms

(DURATION) 2 DAYS

Contributory Teething

(DURATION) 8 DAYS

(Signed) L. J. Lebold M. D.

Nov. 22. 1906 (Address) 1001 Bisquith St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer	Nov. 24 1906.
UNDERTAKER	ADDRESS
A. Fink & Son	915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 95556

CERTIFICATE OF DEATH. 99

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marcellus D Rosson

{ Residence, if in Baltimore, Give Street and Number. } Resd Unemployed Va

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 47 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Burke

(Address) 6 N Ann St

Filed 11/23 1906 HARRY O. MILLER. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Nov 22 1906

that I last saw h[illegible] alive on Nov 22 1906, and that death occurred, on the date stated above, at 8 30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Nephritis.

(DURATION) ..... DAYS

Contributory (Primary) .....

(DURATION) ..... DAYS

(Signed) Rufus I. Cole, M.D.

Address Johns Hopkins Hosp.

Date 11-23 1906

Place of Burial Baltimore Md

Date NOV 23 1906

Undertaker [illegible]

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

95557
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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95557

City of Baltimore, (No. 1047 W Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis E Flannagan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1878 (Year)

AGE: 28 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto, Md

FULL NAME OF FATHER: Patrick Flannagan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McLaughlin

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Iron Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ella Shields

(Address) 1647 N Saratoga St

Filed 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Nov 22 1906.

that I last saw h[e] alive on Nov 21 1906,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Acute Nephritis

(DURATION) 4 DAYS

Contributory ..... (DURATION) 1 DAYS

(Signed) E[illegible] M. D.

Nov 22 1906 (Address) 611 Lem[illegible]

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: M A Peters — DATE OF BURIAL: Nov 24 1906

UNDERTAKER: John J Cowan — ADDRESS: 901 Hollins

4

WM. J. C. DULANY CO., BALTIMORE.

Ward 1st 95538 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2215 Winterlings Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dorothea Krit

{ Residence, if in Baltimore, Give Street and Number. } 2215 Winterlings Court

Duration of Residence in Baltimore. Life

B 95538

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec 6 th 1861

AGE 45 years, 11 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Krit.

(Address) 2215 Winterlings Ct

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1906 to Nov 22 1906 that I last saw h[er] alive on Nov 21, 1906, and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 22 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.,

Address [illegible]

Date Nov 22, 1906

Place of Burial Sacred Heart Cemetery

Date NOV 24 1906 1906

Undertaker Germanus Trance

Address Bank & Wolfe

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95559

City of Baltimore, (No. 224 Holyrode ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Pieger

PERSONAL AND STATISTICAL PARTICULARS

SEX: F	COLOR: W
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 23 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John Pieger
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Helfrich
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 11/23 1906 [illegible] C. MEARS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Acute Indigestion

Few minutes (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Patrick J Martin M. D.

Nov 23 1906 (Address) Coroner

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem	Nov 24 1906
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

L

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 95560 — Registered No. B 95560

CERTIFICATE OF DEATH.

40

(Place of Death.) No. #1402 Gough St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John C. Wolf

{Residence, if in Baltimore, Give Street and Number.} #1402 Gough St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: Sept. 27th 1840 1

AGE: 60 years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Lehneis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Wolf

(Address) 1402 Gough St.

Filed 11/23/1906 AVERY C. ANDREWS CHIEF CLERK Registrar

J.H.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 20 - 1906

I HEREBY CERTIFY, That I attended deceased from Aug 2 — 1906 to Nov 20 1906

that I last saw h — alive on " 20 1906.

and that death occurred, on the date stated above, at 8:30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

4 Months (DURATION) DAYS

Contributory (Primary.) Gastritis

(DURATION) DAYS

(Signed) J. C. Brunner M.D.

Address 1713 Bank St

Date Nov 22 1906

Place of Burial Mt. Carmel Cem.

Date 11/23/06 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 — 95561 — Registered No. B 95561

CERTIFICATE OF DEATH.

(Place of Death.) No. #1736 E. Preston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilhelmina Worthmann

{Residence, if in Baltimore, Give Street and Number.} #1736 E. Preston St.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Nov 4th 1849
AGE	57 years, 1 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Henry Bolvia
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Worthmann

(Address) 1736 E. Preston St

Filed 11/23 1906

HARRY C. [illegible] Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22nd 1906

I HEREBY CERTIFY, That I attended deceased from October 29th 1906 to November 22nd 1906 that I last saw h[illegible] alive on Nov 21st 1906 and that death occurred, on the date stated above, at 9:35 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Kl Carbohauston

(DURATION) 3 DAYS

Con'tributory (Primary.) Typhoid Pneumonia

(DURATION) 20 DAYS

(Signed) Wilmer Brinton M.D.

Address S. W. Cor Calvert & Preston Sts

Date Nov 22nd 1906

Place of Burial Balto Cem.

Date 11/24/06 190

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95562

City of Baltimore, (No. 1036, N. Strieker St.; — Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H. Marlow

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	wht
DATE OF BIRTH	May 25 1831 (Month) (Day) (Year)
AGE	75 years, 5 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Marlow
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	[illegible]
BIRTHPLACE OF MOTHER (State or country)	[illegible]
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A. Marlow

(Address) 1036 N Strieker St

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 18 1906 to Nov 22 1906 that I last saw h[illegible] alive on Nov 22 1906, and that death occurred, on the date stated above, at 9.10 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 5 DAYS

Contributory Pleurisy

(DURATION) 5 DAYS

(Signed) G Lane Taneyhill M. D.

Nov. 23 1906 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lorraine	Nov 24 1906
UNDERTAKER	ADDRESS
E M Mitchell	120 W Fayette St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95563

City of Baltimore, (No. 2121 Mitchell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wilhelmina Haase

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	[illegible] 1
AGE	66 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fulde

(Address) 120 N Gunton

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 5th 1906 to Nov. 21st 1906 that I last saw her alive on Nov. 21st 1906, and that death occurred, on the date stated above, at [illegible] M. The CAUSE OF DEATH was as follows:

Mitral regurgitation

Do not Know (DURATION) DAYS

Contributory Heart failure (DURATION) 4 DAYS

(Signed) Wm Gambrill M. D.

Nov. 22 1906 (Address) 1704 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 23rd 1906
UNDERTAKER	**ADDRESS**
John D Fulde	120 N Gunton

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — Registered No. D

CERTIFICATE OF DEATH.

71

(Place of Death.) No. 1916 Alice Anna St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Annuheska

{Residence, if in Baltimore, Give Street and Number.} No. 1916 Alice Anna St

Duration of Residence in Baltimore. during life. D.95564

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 10 " 1906
AGE	..... years, 9 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Maryland
FULL NAME OF FATHER	Anton Annuheskii.
BIRTHPLACE OF FATHER (State or country)	Russia Poland
MAIDEN NAME OF MOTHER	Celey Bielecki.
BIRTHPLACE OF MOTHER (State or country)	Baltimore Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Annuheskii.

(Address) 1916 Alice Anna St

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Novbr. 22d 1906

I HEREBY CERTIFY, That I attended deceased from Novbr. 22d 1906 to Novbr. 22d 1906 that I last saw her alive on Novbr 22d 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia.

a few hours (DURATION) DAYS

Contributory (Primary) Spasme

one day (DURATION) DAYS

(Signed) Frank A. Corradi, M.D.

Address 2221 E. Balt. St

Date Novbr. 22d 1906

Place of Burial

Date 3 190

Undertaker M. L. SADOWSKI

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95565

City of Baltimore, (No. 844 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sallie A. Delaney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 16 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John R Delaney

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie E Dunphy

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John R Delaney

(Address) 844 W Fayette St

Filed 11/23 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 11/15 1906 to 11/22 1906

that I last saw h alive on 11/21 1906,

and that death occurred, on the date stated above, at 10 20 P.M. The CAUSE OF DEATH was as follows:

Cardiac failure

due to acute Pneumonia

(DURATION) 1 DAYS

Contributory Acute Streptococcic Infection from Tonsils (DURATION) 7 DAYS

(Signed) H. G. Barrett M. D.

11/22 1906 (Address) 1631 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	11/24 1906
UNDERTAKER	ADDRESS
Wm J Schilling	9 E. Pop[illegible]

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 95566 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1827 Division St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Burke

{Residence, if in Baltimore, Give Street and Number.} 1827 Division St

Duration of Residence in Baltimore. 38 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Unknown 18

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Robt Burke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Katherine Mannion

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard Byrne

(Address) 1827 Division St

Filed 11/23/ 1906 — BY C. ANDREWS, CLERK. 52 C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 0 to Nov 19th 1906

that I last saw h[er] alive on Nov 19th 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Extinction - and

probable Cerebral Embolism

(DURATION) 8 DAYS

Contributory (Primary.) Mitral insufficiency (DURATION) several years

(Signed) Claude Van Bibber M.D.

Address 9 E. Read St.

Date Nov. 24th 1906

Place of Burial New Cathedral

Date Nov 24th 1906

Undertaker M. Falvey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 93567 Registered No. B

CERTIFICATE OF DEATH.

45

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Louisa Kaessmeyer.

{Residence, if in Baltimore, Give Street and Number.} 2217 Aram Ave. Balt. B-93567

Duration of Residence in Baltimore. 45 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 19 1861

AGE 45 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas. D. Foard

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Catherine Thompson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gus. Kaessmeyer

(Address) 2217 Aram Ave

Filed 11/23 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 12, 1906 to Nov 21, 1906 that I last saw her alive on Nov 21 1906, and that death occurred, on the date stated above, at 6.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Carcinoma.

3 yrs. (DURATION) — DAYS

Contributory (Primary.) Asthenia

(DURATION) — DAYS

(Signed) E. E. Langley, M.D.

Address Md. Gen. Hospital.

Date Nov 21, 1906

Place of Burial Mt. Olivet

Date 1906

Undertaker Wm. J. Dickman Son

Address 423 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] 95568 Registered No. B 95568

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1844. Wilkins avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosina Rauch

{Residence, if in Baltimore, Give Street and Number.} 1844. Wilkins Avenue

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR white
DATE OF BIRTH June 5th 1820	
AGE 86 years, 5 months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Lewis Lucas
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Horn

(Address) 1844 Wilkins Ave

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21st 1906.

I HEREBY CERTIFY, That I attended deceased from Novbr 11th 1906 to Novbr 21st 1906 that I last saw h er alive on Novbr 20th 1906, and that death occurred, on the date stated above, at a. m.

CAUSE OF DEATH (Secondary or Immediate)

Suffered from a cerebral Haemorrhage followed by a left hemiplegia on Novbr 12th, paralysis of tongue and rigidity manifested (DURATION) within 2 days 10 DAYS

Contributory (Primary.) Remained in this state for the following (DURATION) 9 DAYS when death from exhaustion termi-nated life.

(Signed) Fr. Heldrich M.D.

Address 2151 Wilkins Ave.

Date November 22d 1906

Place of Burial Western Cem

Date Sat Nov 24 1906

Undertaker Wm J. Tuckner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95569 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 Ironsford Ave South St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Botzler

{ Residence, if in Baltimore, Give Street and Number. } 626 South Ironsford Av

Duration of Residence in Baltimore. 65 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Henry Pabst

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Pabst

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Botzler pr Elizp

(Address) 626 S Ironsford Av.

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Baltimore, Nov. 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Nov. 22 1906

that I last saw h alive on Nov. 22 1906,

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate)

.....

Nephritis (DURATION) — DAYS

Contributory (Primary) .....

Cardiac Failure (DURATION) ..... DAYS

(Signed) I. R. S. Kirk — M.D.

Address 1610 E. Baltimore St

Date Baltimore Nov. 22nd 1906.

Place of Burial Mt. Carmel. CEMETERY.

Date NOV 25 1906 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 Registered No. B [illegible]

CERTIFICATE OF DEATH.

174

(Place of Death.) No. 1718 West North Ave. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Adam Sann

{ Residence, if in Baltimore, Give Street and Number. } 1718 West North Ave.

D.45570

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept 4. 1851 1853

AGE: 53 years, 2 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Y.

FULL NAME OF FATHER: Antone Sann

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaretha Platz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hattie Sann

(Address) 1718 W. North ave.

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 22nd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Accidental inhalation of illuminating gas — [illegible]

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Wm. Bachmann M.

Address 709 Eag. ave. (Canton)

Date Nov. 22nd 1906

Place of Burial London Park C

Date Nov 25 1906

Undertaker Jas B Cook

Address 1603 N Gilmor

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95571

City of Baltimore, (No. Patterson Ave Extd near Oak Hall, Bymel, Fulton Station Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jno. Milton Hartman

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 29 1906 (Month) (Day) (Year)
AGE	— years, 7 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Edward Hartman
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Florence Paul
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hartman

(Address) Patterson Ave Ext

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 22 1906

that I last saw him alive on Nov 21 1906,

and that death occurred, on the date stated above, at 1 M. The CAUSE OF DEATH was as follows:

Bronchopneumonia

(DURATION) 11 DAYS

Contributory —

(DURATION) DAYS

(Signed) Wm Lewis M. D.

Nov 22 1906 (Address) 1220 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov 23 1906
UNDERTAKER	ADDRESS
J. B. Cook	1023 W. Balto

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95572

City of Baltimore, (No. 1012 Bloomingdale Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert E. Neussell

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug (Month) 8, (Day) 1845 (Year)

AGE 61 years, 3 months, 13 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Edward Neussell

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Minnie

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Chief Engineer N. G. Dept

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Minnie Neussell

(Address) 1012 Bloomingdale Ave

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 22nd (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 29th 1906 to Nov. 22nd 1906

that I last saw h[im] alive on Nov. 22nd 1906,

and that death occurred, on the date stated above, at 12 P.M. The CAUSE OF DEATH was as follows:

Enlargement of heart
(cor bovinum)

about one year (DURATION) DAYS

Contributory dropsy

about 6 months (DURATION) DAYS

(Signed) Chr. Deetjen M. D.

Nov. 22nd 1906 (Address) 28 W. Franklin Ste.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Nov 24 1906

UNDERTAKER J. B. Cook | ADDRESS 1003 N. Bethel

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95573 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 Peach alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Harris

{ Residence, if in Baltimore, Give Street and Number. } 1024 Peach alley

B-95573

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph Harris

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jos. Harris

(Address) 1024 Peach al

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Nov 21 1906 that I last saw h[illegible] alive on Nov 20 1906, and that death occurred, on the date stated above, at 12 a. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

Asthenia (DURATION) About 1 Month DAYS

Contributory (Primary.) [illegible] (DURATION) [illegible] DAYS

(Signed) J. H. Fowlkes M.D.

Address 1112 E. Monument St

Date Nov 23rd 1906

Place of Burial Mt Auburn

Date Nov 23 1906

Undertaker Jno. H. Fowlkes

Address 2 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 35574

City of Baltimore, (No. 125, Grace St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Genera Lee

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: C

DATE OF BIRTH: Nov (Month) 20 (Day) 1901 (Year)

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robert Lee

BIRTHPLACE OF FATHER (State or country): N.C.

MAIDEN NAME OF MOTHER: Mary Walton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Walton

(Address) 7 Guilford alley

Filed 11/23 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Acute hydrocephalus

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Patrick F Martin M. D. Coroner

190 ..... (Address) .....

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 23 1906

UNDERTAKER: Jno H Spaulding — ADDRESS: Greenmount

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward 7 Registered No. B 9555

CERTIFICATE OF DEATH.

(Place of Death.) No. 1837. Lemmon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice M. Naeny

{ Residence, if in Baltimore, Give Street and Number. } 1837. Lemmon

Duration of Residence in Baltimore. 20yr

D. 95575

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH aug 1866

AGE 40 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER no -

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ann Lemon

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Naeny

(Address) 1837 Lemmon St

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Nov 22 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 1 DAYS

Contributory (Primary) Organic Heart Disease (DURATION) DAYS

(Signed) C. Lennox Jones M.D.

Address 1 Cathedral St

Date Nov 22 1906

Place of Burial Holly Cross

Date 11-24 1906

Undertaker Robt Brookesson

Address 178 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 95576 Registered No. B 63

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha E Barnett

{Residence, if in Baltimore, Give Street and Number.} 1420 McElderry St

Duration of Residence in Baltimore. ?,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?,

BIRTHPLACE OF MOTHER (State or country): ?,

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Gustav. O. Cautzon

(Address) 719 Buren St.

Filed 11/23 1906 HARRY C. ANDREWS, CHIEF CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 22 1906

I HEREBY CERTIFY, That I attended deceased from 1906 to Nov 22 1906 that I last saw h.. alive on Nov 22 1906, and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Progressive Bulbar Paralysis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) S Strauss M.D.

Address Johns Hopkins Hospital

Date Nov 23 1906

Place of Burial Laurel

Date Nov 24 1906

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

21

95577.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 17 N. Wallis St.; .....Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter J. Honey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: ..... (Month) ..... (Day) 1873 (Year)

AGE: 33 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Not Known

FULL NAME OF FATHER: Wm Honey

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Carrie Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Brown

(Address) 17 N Wallis St

Filed 11/23/1906 ... COPY C. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 20th 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Nov 20 1906.

that I last saw him alive on Nov 20 1906.

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis.

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Chas. L. Mogues M. D.

11/21. 1906 (Address) 1546 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Johnny	Nov 23 1906
UNDERTAKER	ADDRESS
D. T. Elliott	801 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95578 Registered No. B 95578

CERTIFICATE OF DEATH.

(Place of Death.) No. 2341 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Albert Patterson

{ Residence, if in Baltimore, Give Street and Number. } 2341 Mc Elderry st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH March 31 1892

AGE 14 years, 8 months, 8 days

SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Patterson

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Theresa Patterson

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Patterson

(Address) 2341 McElderry st

Filed 11/23 1906 HARRY C. [illegible] PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22nd 1906

I HEREBY CERTIFY, That I attended deceased from July 1905 to Nov 22 1906 that I last saw him alive on Nov 22 1906, and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) 18 Mo DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Spicknall M.D.

Address 14 N Patterson Pk Ave

Date Nov 23 1906

Place of Burial Oak Lawn Cemetary

Date Nov 26 1906

Undertaker Christian Miller

Address 2334 Jefferson st

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward: 11 Registered No. B 95579

CERTIFICATE OF DEATH.

(Place of Death.) No. 1419 Ind. Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lomax

{ Residence, if in Baltimore, Give Street and Number. } 1419 Ind. Ave

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Black.

DATE OF BIRTH: Jan 1

AGE: 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Chas. Lomax

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Fannie Bird.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Lewis

(Address) 1419 Ind. Ave.

Filed 11/23 1906 HARRY O. NIKERS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 8, 1906 to Nov 22, 1906 that I last saw him alive on Nov 22 1906, and that death occurred, on the date stated above, at 4-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

1 year (DURATION) = DAYS

Contributory (Primary.) Cachexia.

(DURATION) = DAYS

(Signed) C. C. Langley M.D.

Address Ind. Gen. Hospital

Date Nov 22, 1906

Place of Burial Laurel Cemetery

Date Nov 23rd 1906

Undertaker A. F. Bulbin

Address 1711 Old Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 93580 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 3423 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Ruth Harper

{Residence, if in Baltimore, Give Street and Number.} 3423 Cedar Ave

D.93580

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Nov. 17 - 1906

AGE: — years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas. E. Harper

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Daisy L. DSeward

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Daisy L. Harper

(Address) 3423 Cedar Ave

Filed 11/23 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 22 1906

that I last saw her alive on Nov 22 1906,

and that death occurred, on the date stated above, at 8. A. M. CAUSE OF DEATH (Secondary or Immediate)

Inanition. Due to faulty assimilation of food

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia Broncho (Secondary) (DURATION) DAYS

(Signed) Albert Kelley M.D.

Address 3849 Roland Ave

Date 1906

Place of Burial St. Marys Hampden

Date Nov. 24 — 1906

Undertaker Homer Burger

Address 3631 Falls Road

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95361 — Registered No. B 95561

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Miller

{Residence, if in Baltimore, Give Street and Number.} 1500 E. Bank St.

Duration of Residence in Baltimore. 2 yrs.

B. 95561

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 56 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Kentucky

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Nov 22 1906

that I last saw h[illegible] alive on Nov 22 1906,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Impaemia

(DURATION) DAYS

Contributory (Primary.) Labor

Pneumonia (DURATION) 7 DAYS

(Signed) Geo. H. Fleming M.D.

Address St. Josephs Hospital

Date Nov. 22 1906

Place of Burial

Date NOV 23 1906 190

Undertaker

Address Health Department

UNIVERSITY OF MARYLAND
Commissioner Health.
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... 95582 Registered No. B 95582

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Mary Steele

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 19 1906

AGE ..... years, ... months, 2 days

SINGLE, ~~MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER ?

BIRTHPLACE OF FATHER (State or country) ?

MAIDEN NAME OF MOTHER Mary Steele

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/23 1906 BALTY CO. HEALTH PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1906 to Nov. 21 1906 that I last saw h im alive on Nov. 20 1906, and that death occurred, on the date stated above, at 12.30 a m. CAUSE OF DEATH (Secondary or Immediate)

Congenital malformation of heart

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date Nov. 21 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Nov 22 1906

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE. FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

57 8

Ward 7 — 95586 — Registered No. D — 66

CERTIFICATE OF DEATH.

(Place of Death.) No. Rusterstown road nr. Gordon Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John F. Starr

{ Residence, if in Baltimore, Give Street and Number. } Rusterstown road nr Gordon Lane

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	August 16, 1845
AGE	61 years, 3 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Patrick Starr
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Annie Stewart
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Florence J. Shepard

(Address) Rusterstown road

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1906 to Nov. 22 1906

that I last saw h-- alive on Nov. 22 1906,

and that death occurred, on the date stated above, at 2:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemmorhage

(DURATION) 3 DAYS

Contributory (Primary) Hemiplegia

(DURATION) 6 yrs

(Signed) Jas S. Aisquith M.D.

Address 4005 Park Heights Ave

Date Nov 22 1906

Place of Burial Woodlawn

Date Nov 24 1906

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95584

City of Baltimore, (No. 1203, N. Central Ave St.) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Batzer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May 13th 1884 (Month) (Day) (Year)

AGE: 22 years, 6 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Conrad J. Bayer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Haberlander

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Batzer

(Address) 1203 N. Central Ave

Filed 11/23 1906

HARRY C. MEWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 23 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22d 1906 to Nov. 23 1906

that I last saw h er alive on Nov 23 1906,

and that death occurred, on the date stated above, at a m. The CAUSE OF DEATH was as follows:

Puerperal Eclampsia

Twin Pregnancy Eight Months

30 hours (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Chas. J. Kelly M. D.

November 23 1906 (Address) 113 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov 26 1906

UNDERTAKER: Henry Stockdale — ADDRESS: 120 E. Eager

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 95585 — Registered No. B 95585

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CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mystle Hebb

{Residence, if in Baltimore, Give Street and Number.} 1142 Shields Al.

Duration of Residence in Baltimore. 1 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Black.

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER ?

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Charles Hebb

(Address) 1142 Shields Alley.

Filed 11/23 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov 22 1906 to Nov 23 1906

that I last saw h er alive on Nov 23 1906

and that death occurred, on the date stated above, at 8.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia

(DURATION) 2 DAYS

Con tributory (Primary.) Childbirth

(DURATION) DAYS

(Signed) W. G. Jack M.D.

Address 1701 Eutaw Pl.

Date Nov 23. 1906

Place of Burial Greenmount Cem. Baltimore Co. Md.

Date November 24th 1906

Undertaker Felix Pyc.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95586

City of Baltimore, (No. 402, N. Bruce St. St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Garfield Lloyd

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John H. Lloyd.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mildred Sims

BIRTHPLACE OF MOTHER (State or country): Essex Co Va

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Brayton

(Address) 723 Pierce St.

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 22 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 1906 to Nov. 22 1906

that I last saw him alive on Nov. 22 1906,

and that death occurred, on the date stated above, at 2.30 P.M. The CAUSE OF DEATH was as follows:

Pulmonary tuberculosis

(DURATION) 1 year DAYS

Contributory Pulmonary tuberculosis

(DURATION) 1 year DAYS

(Signed) H. Cameron M. D.

Nov. 22 1906 (Address) 411 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: Nov 25th 1906

UNDERTAKER: Felix B Rue

ADDRESS: 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the **cause and date of death.**

Ward ..... 95587 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 / St. Paul St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Agnes Reddill Williams

{Residence, if in Baltimore, Give Street and Number.} 933 St Paul St.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 6th 1821

AGE 84 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Robert Gilmore

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Rebecca Dalrymple

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth D. Williams

(Address) 933 St Paul St.

Filed 11/23 1906 MARY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21st 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 8th 1906 to Nov. 21st 1906

that I last saw h[illegible] alive on Nov. 21st 1906,

and that death occurred, on the date stated above, at 1 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Old Age

Last illness (DURATION) 44 DAYS

Contributory (Primary) ——— (DURATION) ..... DAYS

(Signed) Nathan R. Porter M.D.

Address 1 W Biddle St

Date Nov. 22nd 1906

Place of Burial Greenmount

Date Nov 25th 1906

Undertaker H. W. Jenkins & Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 95588 Registered No. B 95588

CERTIFICATE OF DEATH.

(Place of Death.) No. 121 S. Wolf. St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Maryanna Stefanuska

{Residence, if in Baltimore, Give Street and Number.} 121 S. Wolf. St

Duration of Residence in Baltimore. 23 years D. 95588

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— —— 1——

AGE 54 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Lanecki

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Lanecka

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maciej Stefanski

(Address) 121 Wolf St.

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 21 1906

that I last saw h— alive on Nov 21 1906,

and that death occurred, on the date stated above, at 8

11. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever

(DURATION) 12 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. J. Martin M.D.

Address 16 E Baltimore

Date Nov 22 1906

Place of Burial Holy Rosary

Date November 24. 1906

Undertaker Jacob Fiatkowski

Address 428 E. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 95589 Registered No. B .....

CERTIFICATE OF DEATH. 95589

(Place of Death.) No. 1520 Eastern Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Lohinski

{ Residence, if in Baltimore, Give Street and Number. } # 1520 Eastern av.

Duration of Residence in Baltimore. 3 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant.

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Walenty Lochinski

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Stanislawa Brikiewicz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None -

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walenty Lochinski

(Address) 1520 Eastern Ave

Filed 11/23 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1906 to Nov. 23 1906 that I last saw him alive on Nov. 23 1906, and that death occurred, on the date stated above, at 1 7 M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 70 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) John H. Rehberger M.D.

Address # 1709 Aliceanna

Date Nov. 23 1906

Place of Burial Holy Rosary

Date November 24th 1906

Undertaker Jacob Fialkowski

Address 428 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] 9555[illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 47 E. Heath St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose Schahan

{Residence, if in Baltimore, Give Street and Number.} 47 E. Heath St.

Duration of Residence in Baltimore. [illegible]

B. 5550

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: — — 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Christopher Connoley

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Cassidy

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Connolly

(Address) 1710 Light St

Filed 11/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 21st 1906

I HEREBY CERTIFY, That I attended deceased from July 11th 1906 to Nov. 21 1906 that I last saw her alive on Nov. 21 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

1. Uraemic Poisoning

(DURATION) 2 DAYS

Contributory (Primary) Bright's

disease (DURATION) 3 Years DAYS

(Signed) D. [illegible] M.D.

Address 1412 Light St

Date Nov. 22nd 1906

Place of Burial St Peters Cem

Date Nov. 24, 1906

Undertaker J. J. Fahey

Address 1232 William St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward 14 — 95591 — Registered No. B 95591

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Hanzell

{ Residence, if in Baltimore, Give Street and Number. } Emmorrant (Schumacher Co)

Duration of Residence in Baltimore. 1 day.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. COLOR: W.

DATE OF BIRTH: 1

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown Hanzel.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophie Hanzell. (Mother)

(Address) City Hospital

Filed 11/23 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1906 to Nov 22 1906 that I last saw her alive on Nov. 22 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

General streptococcus infection
Statey in Tonsils —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D.

Address 1316 N. Caroline St Coroner

Date Nov. 23d 1906

Place of Burial Evangelic.

Date Nov. 25th 1906

Undertaker H. Sander Son.

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 95592

CERTIFICATE OF DEATH.

(Place of Death.) No. 1148 Ridgely St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Headen

{Residence, if in Baltimore, Give Street and Number.} 1148 Ridgely st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Feb 18 1860

AGE: 46 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Michl Headen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Munn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Miss Mollie Headen

(Address) 1148 Ridgely st

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22d 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1906 to Nov. 22d 1906

that I last saw him alive on Nov. 21st 1906,

and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

3 months (DURATION) DAYS

Contributory (Primary) — (DURATION) DAYS

(Signed) H. W. Wilmer M.D.

Address 723 W. Lombard St.

Date Nov. 23d 1906

Place of Burial St Peters

Date Nov 24 1906

Undertaker F. A. Kranz & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95598 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2212 Eager Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Leitzer

{Residence, if in Baltimore, Give Street and Number.} 2212 Eager Place

Duration of Residence in Baltimore. 14 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH Dec 26 1884

AGE 21 years, 10 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Frank J. Leitzer

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Mary Stochel

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Sponger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Leitzer

(Address) 2212 Eager Place

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Nov 23 1906 that I last saw h.. alive on Nov 19 1906, and that death occurred, on the date stated above, at 6.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

2 weeks (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis 6 weeks (DURATION) DAYS

(Signed) A. G. Rytina M.D.

Address 2904 E. Monument St.

Date ..... 190...

Place of Burial Oak Hill Cem.

Date Nov. 25th 1906

Undertaker Geo. M. Frick

Address 811 N. Wolfe st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 95594 Registered No. B 95594

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1425 Patapsco St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis John Hesse

{ Residence, if in Baltimore, Give Street and Number. } 1425 Patapsco St

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 21 1860

AGE 46 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Aloysius Hesse

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Pauline Herchner

BIRTHPLACE OF MOTHER (State or country) Prussia

OCCUPATION OF DECEASED Stair Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis N. Hesse

(Address) 1425 Patapsco St.

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 22 1906

that I last saw him alive on Nov 22 1906,

and that death occurred, on the date stated above, at 5 20 M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm E Stifler M.D.

Address 1409 Light St

Date Nov 22 1906

Place of Burial Holy Redeemer

Date Nov 26th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95595

Registered No. B

City of Baltimore, (No. 1444 Richardson St.; 24 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amelia Prominsky

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October (Month) 2 (Day) 1855 (Year)

AGE: 51 years, 1 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: Valentin Rulka

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Magdalena

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) x Frank J. Prominsky

(Address) 1432 Linden Ave.

Filed 11/24 1906

BARRY C. ANDREWS, PERMIT CLERK (Registrar)

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased ~~from~~ at various times 190 to 190

that I last saw her alive on 23rd Nov. 1906, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) ~~DAYS~~

Contributory Uraemia.

(DURATION) ~~DAYS~~

(Signed) James Cooper M. D.

23 Nov. 1906 (Address) 1322 Hull St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Stanislaus | DATE OF BURIAL: Nov 26th 1906

UNDERTAKER: Jos. Stumtebeck | ADDRESS: 1318 Light St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 95596 Registered No. B 95596

CERTIFICATE OF DEATH.

(Place of Death.) No. 1127 Wholcoat street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Smith

{ Residence, if in Baltimore, Give Street and Number. } 1127 Wholcoat St.

Duration of Residence in Baltimore. 15

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER Austin Burgess

BIRTHPLACE OF FATHER (State or country) Howard Co

MAIDEN NAME OF MOTHER Mary Hobbs

BIRTHPLACE OF MOTHER (State or country) Howard Co

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Austin Burgess

(Address) 1620 Riggs Ave

Filed 11/24 1906 HARRY O. ANDREWS; PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23, 1906

I HEREBY CERTIFY, That I attended deceased from November 18 1906 to November 23 1906

that I last saw h[illegible] alive on November 22 1906

and that death occurred, on the date stated above, at 11:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemoptysis -

(DURATION) 6 DAYS

Contributory (Primary.) Pulmonary Tuberculosis

(DURATION) — DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date November 23 1906

Place of Burial Loudon Park

Date Nov 25th 06 1906

Undertaker Lehmann & Wright

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 95597 Registered No. B [illegible]

CERTIFICATE OF DEATH.

78

(Place of Death.) No. 1636 N Calvert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza J. Robinson

{Residence, if in Baltimore, Give Street and Number.} 1636 N Calvert St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 12th 1836

AGE 70 years, 2 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John Little

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Jane Phillipps

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John G Robinson

(Address) 1636 N Calvert St

Filed 11/24 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22" 1906

I HEREBY CERTIFY, That I attended deceased from Jan. 10" 1906 to Nov 22" 1906 that I last saw h[illegible] alive on Nov 22" 1906 and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Heart exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Endocarditis

Vascular Nephritis (DURATION) years DAYS

(Signed) Henry B Thomas M.D.

Address 1007 Cathedral St

Date November 23" 1906

Place of Burial Loudon Park Cemetery

Date November 26th 1906

Undertaker Stewart & Mowra Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

Thomas 1007 Cathedral

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 95598 — Registered No. B 95596

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pauline Young

{Residence, if in Baltimore, Give Street and Number.} 422 N Durham

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR B

DATE OF BIRTH 1

AGE — years, 16 months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Porto Rico

FULL NAME OF FATHER Thomas Young

BIRTHPLACE OF FATHER (State or country) Dat b Chesterhouse

MAIDEN NAME OF MOTHER Mary Baldwin

BIRTHPLACE OF MOTHER (State or country) New Jersey

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Baldwin

(Address) 422 N Durham St

Filed 11/24 1906 — MARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) Fred Lamitte M.D.

Address Coroner

Date Nov 23 1906

Place of Burial Asbury Cemetery

Date Nov 24 1906

Undertaker A. E. Millard

Address 506 E Royster Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95599 Registered No. B 95599

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CERTIFICATE OF DEATH.

(Place of Death.) No. 513 S Bollington av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Thomas Reynolds.

{Residence, if in Baltimore, Give Street and Number.} 513 S Bollington av

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Not known. 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Michael Reynolds

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Catherine Flanigan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Engineer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Reynolds.

(Address) 513 S Bollington av

Filed 11/24 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23" 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20" 1906 to Nov 19" 1906

that I last saw him alive on Nov 19" 1906,

and that death occurred, on the date stated above, at 6-45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carbuncle of face

(DURATION) 30 DAYS

Contributory (Primary) Septic Infection

(DURATION) — DAYS

(Signed) John Rott M.D.

Address 207 Eastern av

Date Nov. 23" 1906

Place of Burial St Patricks Cemetery

Date Nov 26, 1906

Undertaker Edw. J. Fanning

Address 1938. E Lafayette av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95600 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1022 Palmer Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ferdinand Dickerson.

{Residence, if in Baltimore, Give Street and Number.} 1022 Palmer Alley.

Duration of Residence in Baltimore. 30 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): St Mary Co Md.

FULL NAME OF FATHER: Philip Dickerson.

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: Susan Farrew.

BIRTHPLACE OF MOTHER (State or country): St Marys Co Md.

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore Dickerson.

(Address) 1022 Palmer Alley.

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 15 1906 to Nov. 23 1906 that I last saw him alive on Oct 10 1906 and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Thrombosis

Indefinite (DURATION) DAYS

Contributory (Primary) Coma (DURATION) DAYS

(Signed) W. F. Carr, M.D.

Address 515 Mosher St.

Date Nov. 23rd 1906

Place of Burial St Peter's Cemetery

Date November 26th 1906

Undertaker Felix B Pye

Address 102 E Mulberry st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 95601

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B 95601

City of Baltimore, (No. 1438 N. Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Blanch Mason

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Nov. (Month) 22 (Day) 1906 (Year)

AGE: 14 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: John H. Mason

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Louisa Braxton

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Louisa Mason

(Address) 1438 N. Mount St.

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 25 1906 to Nov 22 1906

that I last saw h[illegible] alive on " " 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

about 3 mos. (DURATION) — DAYS

Contributory General Weakness

about 1 mo. (DURATION) — DAYS

(Signed) Chas. O. Owen M. D.

11/23/06 190 (Address) 113 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Nov 24th 1906

UNDERTAKER: Felix B Pye

ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95602

City of Baltimore, (No. Thos. P. Carroll St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME 15 N. Vincent St.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Col

DATE OF BIRTH: probably Feb — 8 — 1844 (Month) (Day) (Year)

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): St. Mary's County Md.

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know.

MAIDEN NAME OF MOTHER: Dont Know.

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Elizabeth Carroll

(Address) 15 N. Vincent St

Filed 11/24 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 4 1906 to Nov. 23 1906

that I last saw him alive on Nov 23 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Cortic disease

One year (DURATION) ..... DAYS

Contributory Pneumonia

(DURATION) 20 DAYS

(Signed) A. T. Vonbehnly M.D. M. D.

Nov. 23 1906 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Nov 25 1906

UNDERTAKER: Felix B. Pyle — ADDRESS: 162 Columbus st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 95603

95603

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jos. E. Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 809 N. Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: 1859

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: James W. Reynolds

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Julia A Carter

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo B Reynolds

(Address) 809 N Charles St

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Nov 23 1906

that I last saw him alive on Nov 23 1906,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Myocarditis

(DURATION) ..... DAYS

Contributory (Primary.) Alcoholism

(DURATION) ..... DAYS

(Signed) O.A. Dorsey M.D.

Address City Hospital

Date November 24 1906

Place of Burial Loudon Park Cemetery

Date Nov 24th 1906

Undertaker Henry W. Kearney Sons

Address 805 N Calvert St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 95604 — Registered No. B 95604 / 164

CERTIFICATE OF DEATH.

(Place of Death.) No. St Jarega Stasgital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gallop.

{Residence, if in Baltimore, Give Street and Number.} 1107 Low St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 7 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balt St

FULL NAME OF FATHER John Gallop

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Bernetta Lesser

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Gallop

(Address) 1107 Low St

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190..., and that death occurred, on the date stated above, at 5¾ A. M. CAUSE OF DEATH (Secondary or Immediate

Fracture of Pelvis (accidental)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Fredk Camillus Cronch M.D.

Address

Date Nov 23 1906

Place of Burial Mt Carmel

Date Nov 25 1906

Undertaker Wm F Stapelfeldt

Address 828 Grant St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

..., City of Baltimore.

95605 Registered No. B 95605

CERTIFICATE OF DEATH.

(Place of Death.) No. 744½ W. Hamburg st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis H. Chaillon

{Residence, if in Baltimore, Give Street and Number.} 744½ W. Hamburg st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 8th 1877

AGE: 29 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Louis Chaillon

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Jennie McGeehan

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: Telegraph Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Chaillon

744½ W. Hamburg

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 22 1906

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1906 to Nov 22 1906

that I last saw h[illegible] alive on Nov 22 1906,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) 1 yr 6 DAYS

Contributory (Primary) Uremia

(DURATION) 20 DAYS

(Signed) [signature] M.D.

Address 517 Scott

Date Nov 25 1906

Place of Burial Bonnie Brae Cemetery

Date Nov. 26th 1906

James Lynam & Son

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased and the **cause and date of death.**

Ward ..... 95606 Registered No. B 95606

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Handy

{ Residence, if in Baltimore, Give Street and Number. } Sexton Ville Baeto Co. Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW ASYLUM

Filed 11/24 1906

MAREY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov. 23 1906

that I last saw h in alive on Nov 23 1906,

and that death occurred, on the date stated above, at 7.45 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Cirtenio Melanosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Tubercular Bronchio Pneumonia (DURATION) ..... DAYS

(Signed) Hunting Scully M.D.

Address Bay View Hospital

Date Nov. 23 1906

Place of Burial Sacred Heart

Date Nov. 24 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

18 HEALTH DEPARTMENT, CITY OF BALTIMORE. 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95607

City of Baltimore, (No. 581, Lemmon St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Peter Neumeier

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Nov. (Month) 22 (Day) 1906 (Year)

AGE: 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) family

(Address) .....

Filed 11/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 28 1906 to Nov 22 1906

that I last saw him alive on Nov. 21 1906,

and that death occurred, on the date stated above, at 3.20 a. M. The CAUSE OF DEATH was as follows:

- Asthma -

(DURATION) 20 DAYS

Contributory Heart. Weakness.

(DURATION) ..... DAYS

(Signed) A. A. Driscoll M. D.

Nov 23 1906 (Address) 265 S. Paca

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Cem. | DATE OF BURIAL: Nov 25th 1906

UNDERTAKER: John Fields 1200 | ADDRESS: W. Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 95608 — Registered No. B 67

CERTIFICATE OF DEATH.

(Place of Death.) No. 867 Reinhard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Anderson

{ Residence, if in Baltimore, Give Street and Number. } 867 Reinhard

Duration of Residence in Baltimore. Dec

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Laurence Anderson

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Annie " "

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Stahl

(Address) 867 Reinhard

Filed 11/24 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21st 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 21 1906

that I last saw h alive on 190, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Paralysis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Jones M.D.

Address Coroners Office

Date Nov 23rd 1906

Place of Burial Western Cemy

Date Nov 24th 1906

Undertaker John D Ellis

Address 1205 W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — 95609 — Registered No. B ... 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 20 S. Castle St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Ida B. Goetzinger

{Residence, if in Baltimore, Give Street and Number.} 20 S. Castle St. D. 47509

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb 22nd 1893

AGE: 13 years, 9 months, ... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 20 S. Castle St

FULL NAME OF FATHER: August Goetzinger

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Miller

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: ?

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Goetzinger

(Address) 20 S. Castle St

Filed 11/24 1906 HARRY C. ARLMANS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 23 1906

that I last saw her alive on ... 23 1906

and that death occurred, on the date stated above, at 9.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) P. C. Dearn M.D.

Address 156 Mittenberger

Date Nov. 23 1906

Place of Burial Holy Redeemer

Date Nov. 26th 1906

Undertaker Wendell Lippel Bro.

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95610

City of Baltimore, (No. 725 N. Port St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Holy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb (Month) 23 (Day) 1903 (Year)

AGE: — years, 14 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Joseph Holy

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Annie Cathlick

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Holy

(Address) 725 N. Port St

Filed 11/24 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Nov 23 1906 that I last saw him alive on Nov 22 1906, and that death occurred, on the date stated above, at 6.50 A. M. The CAUSE OF DEATH was as follows:

Dentition

(DURATION) 7 DAYS

Contributory Meningitis

(DURATION) 3 DAYS

(Signed) J. J. Roulen M. D.

Nov 23 1906 (Address) 1204 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Alphonsus | DATE OF BURIAL: Nov 24 1906

UNDERTAKER: Frank Brack | ADDRESS: 1914 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B 74

CERTIFICATE OF DEATH. 95611

(Place of Death.) No. 210 N Leeuwal Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Benjamin T. Dennis

{ Residence, if in Baltimore, Give Street and Number. } 210 N Central Ave

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 40 years, months, days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED.~~

BIRTHPLACE (State or country) Baete

FULL NAME OF FATHER Jiel Dennis

BIRTHPLACE OF FATHER (State or country) md

MAIDEN NAME OF MOTHER Mary martin

BIRTHPLACE OF MOTHER (State or country) md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fisher

(Address) 210 N. Central

Filed 11-24- 1906 JAC Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Louis Lamitte M.D.

Address Coroners Office

Date Nov 23 1906

Place of Burial Laurel Cemetery

Date Nov 25 1906

Undertaker W. S. & G. Elliott

Address 506 E. Lyons Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 3. *And be it further enacted and ordained*, That the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95612

Registered No. B

City of Baltimore, (No. 712 S. Ross St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George W. Ey.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White.

DATE OF BIRTH Dec. 27 1901
(Month) (Day) (Year)

AGE 4 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Chas. Ey.

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Louise Pocock.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Ey. (Father)

(Address) 712 S Ross St

Filed 11-24- 1906 J.M.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 22 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Nov 22 1906

that I last saw him alive on Nov 22 1906,

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Lobular Pneumonia.
(Uncomplicated)

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) Thos. H. Haynes M. D.

11/23 1906 (Address) Canton Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Evangelical	Nov 25 1906
UNDERTAKER	ADDRESS
H. Sander & Son	1310 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 9561 3

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 819 Lig 7t St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Margaret A Schenkel

{Residence, if in Baltimore, Give Street and Number.} 819 Lig 7t 95613

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 17 1844

AGE 62 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER [illegible]

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Hoekel'n

(Address) 819 Lig 7t

Filed 11-24- 1906 J.H.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Nov 23 1906

that I last saw her alive on Nov 22 1906

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis.

(DURATION) DA

Contributory (Primary.)

(DURATION) DA

(Signed) F. Edward Smith M.D.

Address 534 Hanover St.

Date Nov 23. 06 1906

Place of Burial

Date NOV 2 1906 1906

Undertaker

Address

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 Registered No. B 95614 50

CERTIFICATE OF DEATH.

(Place of Death.) No. 1035 N Fallow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name LeRoy Landon

{Residence, if in Baltimore, Give Street and Number.} 1035 N Fallow St.

95614

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Oct 23 1906

AGE — years, — months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Harry Landon

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Hattie Courtney

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Landon

(Address) 1035 N Fallow St

Filed 11-24- 1906 J.A.C.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Nov 23 1906

that I last saw him alive on Nov 23, 1906

and that death occurred, on the date stated above, at 3-20

P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary) Congestion of Heart

Disease (DURATION) DAYS

(Signed) C S Hughes M.D.

Address 216 N. Caroline St

Date Nov. 23, 1906

Place of Burial LOUDON PARK

Date NOV 25 1906 190

Undertaker Armstrong Dulany Co

Address 715 Light St

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 721 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John E. Mengel Jr. 95615

{Residence, if in Baltimore, Give Street and Number.} 721 N. Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August 29th 1839
AGE	67 years, 2 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Louisa M. Dame
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John E Mengel Jr

(Address) 721 N Broadway

Filed 11-28 1906 J.A.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 d 1906

I HEREBY CERTIFY, That I attended deceased from Jan. 1904 to Nov 23 1906 that I last saw h im alive on Nov 23 1906, and that death occurred, on the date stated above, at 3.55 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Hemorrhage
6 Months

(DURATION) DAYS

Con'tributory (Primary.) Lung Congestion

(DURATION) DAYS

(Signed) H. E. Chambers M.D.

Address 18 N Franklin St

Date 190

Place of Burial Loudon Park Cemetery

Date Nov 26th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument Sta

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

95616

Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Miller

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infnt. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Aug. 6th 1906

AGE: 0 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum

Filed 11/24/1906 MARY C. ANDREWS PERMIT CLERK 52c Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Nov 23rd 1906

that I last saw h alive on " 1906,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 40 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 716 Biddle St

Date Nov 23rd 1906

Place of Burial New Cathedral

Date Nov 24th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 95617 — Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaborn Hayes

{Residence, if in Baltimore, Give Street and Number.} St. V. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	Oct 10 1906
AGE	..... years, 1 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Asy

Filed 11/24/1906 — HARRY C. NIMS, PERMIT CLERK — Registrar

JAC

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12th 1906 to Nov 23rd 1906

that I last saw h[illegible] alive on Nov 11 1906,

and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Malnutrition

(DURATION) 13 DAYS

Contrlbutory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fiske M.D.

Address 9. E. Biddle St.

Date Nov 24th 1906

Place of Burial New Cathedral

Date Nov. 24th 1906

Undertaker Martin J. Asay & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 95618 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Helen Cannon

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infnt. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Oct 27th 1906

AGE: ..... years, ... months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 11/24/1906 — JAMES C. ANDREWS — PARTY CLERK — 52c — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1906 to Nov 23rd 1906

that I last saw h[illegible] alive on " 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Malnutrition

(DURATION) 12 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fuller M.D.

Address 9. E. Biddle St.

Date Nov 24th 1906

Place of Burial New Cathedral

Date Nov. 24th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 95619 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Carlson —

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infts. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W

DATE OF BIRTH Oct 24 1906

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 11/24/1906 HARRY C. ANDREWS TRUIT CLERK. Registrar

12c

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 22 1906 that I last saw h.. alive on " 1906, and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

(DURATION) 30 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Dr. J. S. Fisher M.D.

Address 96 E. Biddle St.

Date Nov 23rd 1906

Place of Burial New Cathedral

Date Nov 24th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 8 — 16620 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Young

{Residence, if in Baltimore, Give Street and Number.} 1427 Prospect Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 58 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/24/1906 HARRY C. ... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1906 to Nov. 24 1906

that I last saw h... alive on Nov. 24 1906

and that death occurred, on the date stated above, at 5-35 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Attorney Watts M.D.

Address Bay View Hospital

Date Nov. 24 1906

Place of Burial St. Peters Cemetery

Date Nov. 24th 1906

Undertaker Henry Hoeck Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 95621 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 750 Penn Av. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Harriet Blake

{Residence, if in Baltimore, Give Street and Number.} 750 Penn Av.

Duration of Residence in Baltimore. Zoyrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unknown

AGE about 60 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Chestertown Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) do

MAIDEN NAME OF MOTHER do

BIRTHPLACE OF MOTHER (State or country) do

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Stokes

(Address) 706 Pierce St.

Filed 11/24/ 1906 HARRY C. ANDREWS, PERMIT CLERK. J.2.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Nov 22 1906

that I last saw h-r alive on Nov 21 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

1 yr (DURATION) DAYS

Contributory (Primary.) Asthenia (DURATION) ? DAYS

(Signed) V. L. Norwood M.D.

Address 939 W. Fayette St

Date Nov 22 1906

Place of Burial Mt Zion Cemetery

Date Nov 26th 1906

Undertaker Chas G Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 95622 Registered No. B 91

CERTIFICATE OF DEATH.

(Place of Death.) No. ..... St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Francis Lally

{Residence, if in Baltimore, Give Street and Number.} 842 Greenmount Ave.

Duration of Residence in Baltimore. 60 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1837

AGE: 69 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Francis Lally

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Lynch

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daily

(Address) 843 Greenmount Ave.

Filed ..... 190 .....

Registrar

Jno Bayle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23rd 1906

I HEREBY CERTIFY, That I attended deceased from May 1906 to Nov. 1906 that I last saw him alive on Nov 20th 1906 and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis Pleurisy

6 Months (DURATION) DAYS

Con'tributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jno Brooke Bayle M.D.

Address 1001 N Caroline St.

Date Nov. 24th 1906

Place of Burial Holy Cross Cemy.

Date November 26 1906

Undertaker J. C. Littlefield

Address 914 Greenmount Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95623

95623

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Kate Warren

{Residence, if in Baltimore, Give Street and Number.} 5 —

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Aug 18 1866

AGE 40 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City, Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/24/1906 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 1 1906 to Nov. 24 1906

that I last saw h~~e~~r alive on Nov. 24 1906

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) [illegible] M.D.

Address Bay View Hospital

Date Nov. 24 1906

Place of Burial St Peters

Date Nov 26 1906

Undertaker Geo J. Smith & Co.

Address 100 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2nd 95624 Registered No. B 95624

CERTIFICATE OF DEATH.

(Place of Death.) No. 314 S Castle St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elizabeth Mills

{Residence, if in Baltimore, Give Street and Number.} 314 S. Castle

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 23rd 1883

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER William Schoff

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Tobacco Stripper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Mills

(Address) 314 S. Castle St.

Filed Nov 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Nov 23 1906 that I last saw her alive on Nov. 20th 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 30 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 1½ years

(Signed) J. L. Dunn M.D.

Address 1735 Bank

Date Nov 23rd 1906

Place of Burial Holy Redeemer Cemetery

Date Nov. 26th 1906

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95625

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95625

City of Baltimore, (No. 526, Lyson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary L. Webb

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jos Thomas

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Alice Pinkney

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Webb

(Address) 1102 Druid Hill ave

Filed Nov. 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Nov 23 1906

that I last saw her alive on Nov 23 1906,

and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis

Four months (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) W. B. Browne M. D.

11-23 1906 (Address) 1701 Pennsylvania ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn | DATE OF BURIAL: Nov 24 1906

UNDERTAKER: Jno H Tondorn | ADDRESS: Townsend

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 95626 Registered No. B 95626

CERTIFICATE OF DEATH.

(Place of Death.) No. 911 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vadar Ghlan

{ Residence, if in Baltimore, Give Street and Number. } 911. Madeira St North

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Vadar Ghlan

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Katie Spalek

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ghlan

(Address) 911 N. Madeira St

Filed Nov 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from November 13 1906 to November 23 1906 that I last saw h[illegible] alive on Nov 23 1906, and that death occurred, on the date stated above, at 1.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Tubercular [redacted]

about 5 Months DURATION DAYS

Contributory (Primary) Bronchitis acute

DURATION 13 DAYS

(Signed) Thomas J Simms M.D.

Address 1025 N Wolfe st

Date November 24 1906

Place of Burial Holy Redeemer

Date Nov 26 1906

Undertaker Frank Grach

Address 1904 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 — 95627 — Registered No. B 95627

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1201 Hanover St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Katherine Hayner

{ Residence, if in Baltimore, Give Street and Number. } 1201 Hanover St.

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: January 6 1862.

AGE: 44 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): ———

FULL NAME OF FATHER: Hamm Woodward

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Grace Harper

(Address) 127 W. West St.

Filed Nov 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20. 1906 to Nov 23 1906

that I last saw her alive on Nov 23 1906,

and that death occurred, on the date stated above, at 5.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Senility and Bronchopneumonia.

(DURATION) 90 DAYS

Contributory (Primary.) Acute Gastritis (cord)

(DURATION) 7 DAYS

(Signed) Wm B McDonald M.D.

Address 1305 Linden Ave

Date Nov 23rd 1906

Place of Burial Baltimore Cem.

Date Nov 26 1906

Undertaker David and Margt G. Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10th 95628 Registered No. B 95628

CERTIFICATE OF DEATH.

(Place of Death.) No. 1377 N. Gilmor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary F. Lynn

{ Residence, if in Baltimore, Give Street and Number. } 1377 N. Gilmor St.

Duration of Residence in Baltimore. 34 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. 11th 1872

AGE: 33 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): U. S.

FULL NAME OF FATHER: Dont know

BIRTHPLACE OF FATHER (State or country): U. S.

MAIDEN NAME OF MOTHER: Dont know

BIRTHPLACE OF MOTHER (State or country): U. S.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. F. Lynn

(Address) 1377 N. Gilmor St

Filed Nov 25 1906

Registrar

ECW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Nov 1906 that I last saw her alive on Nov 22 1906 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. H. Goodman M.D.

Address 1402 Madison ave

Date Nov 24. 1906

Place of Burial Cathedral Cem.

Date Nov 24 1906

Undertaker John A. Inman

Address Bank & Arund St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 Registered No. B 95529

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles S. Gerhart

{Residence, if in Baltimore, Give Street and Number.} Bellaire Ohio

Duration of Residence in Baltimore. One month.

PERSONAL AND STATISTICAL PARTICULARS

SEX m | COLOR W.

DATE OF BIRTH 1855. 1'

AGE 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ohio.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hos. Record

(Address) St. Joseph's Hospital

Filed Nov 25 1906

Registrar ECW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 23 1906.

I HEREBY CERTIFY, That I attended deceased from Oct 23 1906 to Nov 23 1906 that I last saw him alive on Nov 23 1906 and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Insanity

(DURATION) DAYS

Contributory (Primary) Acute Dilatation of Heart operation

(DURATION) DAYS

(Signed) Victor F Cullen M.D.

Address St Joseph's Hospital Baltimore

Date Nov 23 1906

Place of Burial Bellaire Ohio

Date Nov. 25" 1906

Undertaker Evans & Spence

Address 118 & 120 West Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95630

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95630

Registered No. B.....

City of Baltimore, (No. 39 E. West St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isaac Gill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 23 (Day) 1837 (Year)

AGE: 69 years, 5 months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: W. J. Winton

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: M. L. Winton

BIRTHPLACE OF MOTHER (State or country): North Carolina

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Ryon

(Address) 39 E. West

Filed Nov 25 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Nov 26 1906

that I last saw h[illegible] alive on Nov 24 1906,

and that death occurred, on the date stated above, at 5 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 14 DAYS

Contributory Chronic

(DURATION) DAYS

(Signed) E. Chisholm M. D.

Nov 25 1906 (Address) 817 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem Baltimore

DATE OF BURIAL: NOV 27 1906

UNDERTAKER

ADDRESS

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95631

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 230, N. Bond St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant child of Samuel & Rachel Letowitz.

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	November 1. 1906. (Month) (Day) (Year)
AGE	..... years, ... months, 25. days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Samuel Letowitz
BIRTHPLACE OF FATHER (State or country)	Russia.
MAIDEN NAME OF MOTHER	Rachel Friedman.
BIRTHPLACE OF MOTHER (State or country)	New York.
OCCUPATION OF DECEASED	Nil-

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Blumberg

(Address) 1245 Madison Ave.

Filed 11/26/1906 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November. 25 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 23rd 1906 to Nov. 25 1906

that I last saw him alive on Nov 25 1906,

and that death occurred, on the date stated above, at 2.30 P.M. The CAUSE OF DEATH was as follows:

Acute Capillary Bronchitis.

(DURATION) 2 DAYS

Contributory Cardiac Syncope.

(DURATION) ..... DAYS

(Signed) Alfred Blumberg M. D.

Nov 25th 1906 (Address) 1245 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philip Sol. Hen Rem	Nov. 26, 1906
UNDERTAKER	ADDRESS
M. P. Levinson	113 Low st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 23 — 95682 — Registered No. B 95682

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Lewson

{Residence, if in Baltimore, Give Street and Number.} 1431 Hanover St

Duration of Residence in Baltimore. 20 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH 12 — 21 — 1850

AGE 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) County Tipperary Ireland

FULL NAME OF FATHER do not Know

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER do not Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) E. C. Lewson

(Address) 1431 Hanover St

Filed 11/26 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to November 24 1906

that I last saw him alive on November 24 1906,

and that death occurred, on the date stated above, at 3.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver

(DURATION) 9 Months DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W. C. Brueckheimer M.D.

Address 1422 Hanover St

Date November 24 1906

Place of Burial New Cathedral Cem

Date Nov 26 1906

Undertaker John F. Fahey

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 95633 Registered No. B 95633

CERTIFICATE OF DEATH.

199

(Place of Death.) No. 808 Bradley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nathaniel Hyman

{ Residence, if in Baltimore, Give Street and Number. } 808 Bradley St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ~~12 Oct~~ 1

AGE: ~~5~~ years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Williams Henson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Williams Henson

(Address) 808 Bradley St

Filed 11/26 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h.... alive on ..... 190....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Debility

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Silas Bateman M.D.

Address 700 Lafayette Ave (Corner)

Date Nov. 25th 1906

Place of Burial Mt Auburn

Date Nov 26 1906

Undertaker Alford & Freeman

Address 102 North Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — 95634 — Registered No. B 95634

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 N Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilson Webb Saulsbury

{Residence, if in Baltimore, Give Street and Number.} 706 N Broadway

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH: October 31st 1872

AGE: 34 years, ... months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew J Saulsbury

BIRTHPLACE OF FATHER (State or country): Talbot Co Md

MAIDEN NAME OF MOTHER: Margaret J McCluney

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew J Saulsbury

(Address) 706 N Broadway

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1906 to Nov. 24th 1906 that I last saw him alive on Nov 24th 1906, and that death occurred, on the date stated above, at 8.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Chronic

(DURATION) 4 00 DAYS

Con'tributory (Primary) Convulsions

Lung Congestion (DURATION) 4 DAYS

(Signed) J. H. Chambers M.D.

Address 18 N Frankline St

Date ... 190...

Place of Burial Greenmount Cemetary

Date November 27th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 95635 — Registered No. B 95635

CERTIFICATE OF DEATH.

(Place of Death.) No. 107 East Ohmah St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph S. Lucas

{Residence, if in Baltimore, Give Street and Number.} 107 East Ohmah

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Chas Lucas

(Address) 1013 Light St

Filed 11/26 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25-6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Nov 29 1906

that I last saw h[illegible] alive on Nov 26 1906

and that death occurred, on the date stated above, at 5.30 A M, CAUSE OF DEATH (Secondary or Immediate.)

Chronic Bright disease

1 Month (DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hammerbacher M.D.

Address 835 Light St

Date Nov 25 — 1906

Place of Burial Cedar Hill

Date Nov 27 1906

Undertaker [illegible]

Address 502 E Hartford Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95636

City of Baltimore, (No. 405 E. 24th St. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henrietta M. Krumholtz

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	..... (Month) ..... (Day) 1 (Year)
AGE	29 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Thomas Baldwin
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary E. Parkinson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Krumholtz

(Address) 405 E. 24th St.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 20 1906 to Nov 27th 1906

that I last saw her alive on Nov 25th 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 3 DAYS

Contributory Tuberculosis Lungs

(DURATION) 6 mths DAYS

(Signed) Edmund Gibbs M. D.

Nov 25 1906 (Address) 316 E. Northern.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 26 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E. Hoffman Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 95637 — Registered No. B 95637

CERTIFICATE OF DEATH.

164

(Place of Death.) No. 1125 S. Carey St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Albert Joseph Siegert

{ Residence, if in Baltimore, Give Street and Number. } 1125 S Carey St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 8 years, 10 months, 10 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Siegert.

BIRTHPLACE OF FATHER (State or country): Wash D.C.

MAIDEN NAME OF MOTHER: Ida Lewis.

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Siegert

(Address) 1125 S Carey

Filed 11/26/06 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 23rd 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 11.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

accidentally fell down stks. concussion Brain fractures Skull? Intern hemorrhage from Meninges

Contributory (Primary.) ... (DURATION) 29 hours DAYS

(Signed) E. Frank Jones M.D. Coroner Suds

Address ...

Date Nov - 24th 1906

Place of Burial Western Cem

Date Nov - 26 1906

Undertaker Wm Cook

Address 3026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

34

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95638

City of Baltimore, (No. 2243, East North ave.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Franklin P. Lowmiller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov (Month) 25 (Day) 1888 (Year)

AGE: 18 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Henry P. Lowmiller

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Vera Schmidt

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Motor Tester

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alex P. Sherbow M.D.

(Address) 25 W. Preston St

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 25-06 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1st 1906 to Nov. 25-06 1906 that I last saw him alive on Nov 25-06 1906, and that death occurred, on the date stated above, at 4.36 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis, involving, Stomach, Liver, Bowles, Lad pan abscesses, of Liver, Stomach

(DURATION) DAYS

Contributory Suppose Whare been caused by lasting Motors. (DURATION) DAYS

(Signed) Alex P. Sherbow M. D.

11-26-1906 (Address) 25 W. Preston St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days ✓

Where was disease contracted, if not at place of death? Suppose Motor Works

PLACE OF BURIAL OR REMOVAL: Emanuel Cemetery

DATE OF BURIAL: Nov 28 1906

UNDERTAKER: Wm Leeck

ADDRESS: 502 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE

Consulting Physicians, Hopkins Hospital, Drs Smith Wittekind, Butler, Diagnosis Made at Health Department.

Alex P. Sherbow M.D.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 95639 — Registered No. B 95639

92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Ross

{ Residence, if in Baltimore, Give Street and Number. } 1001 Front St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR Colored

DATE OF BIRTH —

AGE 4 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Louisa Ross

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Ross

(Address) 1001 N Front St

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1906 to Nov. 24 1906

that I last saw her alive on Nov. 24 1906,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W.A. Sorsey M.D.

Address City Hospital

Date November 24 1906

Place of Burial Mount Moriah

Date Nov 26 1906

Undertaker R. McElliott

Address 506 Robinson Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, 506

Ward ..... 95640 Registered No. B 95640

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Dennis Whalen.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: .....

BIRTHPLACE OF FATHER (State or country): .....

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 24th 1906

I HEREBY CERTIFY, That I attended deceased from July 23rd 1906 to November 24th 1906 that I last saw him alive on November 24 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach with Metastasis

..... (DURATION) DAYS

Contributory (Primary.) Ehrenstein, Edma J. Lungs. (DURATION) DAYS

(Signed) Hattney Heath M.D.

Address Bay View Asylum

Date November 25th 1906

Place of Burial Sacred Heart

Date Nov. 26th 1906

Undertaker Evans & Spence

Address 118 & 120 West Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st 95641 Registered No. B 95641

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 817 Patuxent St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie E Smith

{ Residence, if in Baltimore, Give Street and Number. } 817 Patuxent St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	May 6th 1857
AGE	49 years, 6 months, 18 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Joseph Pfister
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't Know
BIRTHPLACE OF MOTHER (State or country)	Pa.
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James A. Smith

(Address) 817 Patuxent St.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate

Cardiac Failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sandlin M.D.

Address 3263 Greene St

Date Nov 27th 1906

Place of Burial Oak Lawn Cemetery

Date Nov. 27th 1906

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st 95642 Registered No. B 95642

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 S. Canton St St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Lebour

{ Residence, if in Baltimore, Give Street and Number. } 707 S. Canton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 23rd 1888

AGE: 18 years, 11 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Nikolas Lebour

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Johanna Seubert

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Joiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Johanna Lebour

(Address) 707 S. Canton St.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24th 1906

I HEREBY CERTIFY, That I attended deceased from June 2nd 1906 to Nov 24th 1906

that I last saw h[illegible] alive on Nov 24th 1906,

and that death occurred, on the date stated above, at 2.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 yrs DAYS

Contributory (Primary.)

(DURATION) 2 yrs DAYS

(Signed) N. L. Packard M.D.

Address 707 S Canton St

Date Nov 24th 1906

Place of Burial Sacred Heart Cemetery

Date Nov. 27th 1906

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

95643
93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95643

City of Baltimore, (No. 12 N. Middleton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Nicholas T. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White

DATE OF BIRTH: April (Month) 16th (Day) 1852 (Year)

AGE: 54 years, 7 months, 8 days

~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Kent Co. Md.

FULL NAME OF FATHER: Thomas Jones

BIRTHPLACE OF FATHER (State or country): Kent Co. Md.

MAIDEN NAME OF MOTHER: Fannie L. Jones

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jones A Jones

(Address) 2067 12th St Wash D C

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 24th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1906 to Nov 24th 1906 that I last saw him alive on Nov 24th 1906, and that death occurred, on the date stated above, at 1.15 P. M. The CAUSE OF DEATH was as follows:

Pleuro Pneumonia
with Emphysema

(DURATION) DAYS

Contributory Emphysema with Dyspnoea Probable (DURATION) DAYS

(Signed) J H Bayly M. D.

Nov 24th 1906 (Address) 2057 12th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Dykeswille Md
DATE OF BURIAL: Nov 26 1906

UNDERTAKER: W. J. Dickinson Sons
ADDRESS: Camden & Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 — 95644 — Registered No. B 95644

CERTIFICATE OF DEATH.

(Place of Death.) No. Mary land Homeo Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Nora L Winter.

{Residence, if in Baltimore, Give Street and Number.} 919 Sharp St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Female	white
DATE OF BIRTH	Sept 20 — 1892
AGE	14 years, 2 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Cuba
FULL NAME OF FATHER	Christian Winter
BIRTHPLACE OF FATHER (State or country)	Cuba
MAIDEN NAME OF MOTHER	Margaret Lovet
BIRTHPLACE OF MOTHER (State or country)	Cuba
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christian Winter

(Address) 919 Sharp St

Filed 11/26/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-24 1906

I HEREBY CERTIFY, That I attended deceased from 11-23 1906 to 11-27 1906

that I last saw her alive on 11-27 1906

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 12 DAYS

Con'tributory (Primary.) Organic Heart

(DURATION) 365 DAYS

(Signed) M. W. Shuck M.D.

Address 1122 N Mount St

Date 11-27 1906

Place of Burial Druid Hill Park

Date Nov 26th 1906

Undertaker Geo. Weber

Address 1153 W. Lacey st

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 95645 Registered No. B 95645

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 Church St. Hampden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Spoerl

{Residence, if in Baltimore, Give Street and Number.} 707 Church St

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 7 1823

AGE: 83 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Hodges

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Hancock

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Has Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie Hodges

(Address) 226 Sycamore Ave

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 25th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 13th 1906 to Nov 25th 1906

that I last saw her alive on Nov 25th 1906

and that death occurred, on the date stated above, at 1145 A.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lungs

(DURATION) 1 DAY

Contributory (Primary.) Bronchial catarrh (DURATION) 13 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave

Date Nov 26th 1906

Place of Burial St. Mary's Hampden

Date November 27th 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 Registered No. B 95646

95646

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 504 - E. 21st Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Stevenson Hall

{ Residence, if in Baltimore, Give Street and Number. } 504 - E. 21st St.

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 7 - 1817

AGE: 89 years, 6 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Joshua Taylor

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lydia Richards

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana T. Hall

(Address) 504 - E. 21st St

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 24 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1906 to Nov. 24 1906

that I last saw her alive on Nov. 23 1906

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral hemorrhage causing paralysis

(DURATION) 3 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) G. E. Rusk M.D.

Address 2000 E. Balt. St.

Date Nov. 24. 1906

Place of Burial Taylors Cemetery - Balto Co on Hillen Road

Date Nov. 27 - 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3

Registered No. B 95647

95647

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leah Sosmer

{ Residence, if in Baltimore, Give Street and Number. } 1430 Gough St.

Duration of Residence in Baltimore. Ten months.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: wh.

DATE OF BIRTH: Unknown 1

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Siah Darfmann

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Drery (?)

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Sosmer (Husband)

(Address) 1430 Gough St. City

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 25 1906

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Nov 25 1906

that I last saw her alive on Nov 25 1906,

and that death occurred, on the date stated above, at 11 50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp.

Date Nov 26 1906

Place of Burial Philpott Road Dale

Date Nov 26 1906

Undertaker Max Levinson

Address 1138 Lovent

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

114

95648

CERTIFICATE OF DEATH.

Registered No. B ~~95648~~

City of Baltimore, (No. ~~2027~~ ~~W~~ E St. Paul St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm L Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jany. (Month) 23 (Day) 1842 (Year)

AGE: 64 years, 10 months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Rochester Co Md

FULL NAME OF FATHER: William Oley Cooper

BIRTHPLACE OF FATHER (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: ——— McNamara.

BIRTHPLACE OF MOTHER (State or country): Dorchester Md.

OCCUPATION OF DECEASED: Commission Business

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amy Cooper

(Address) 2027 E. Paul St.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 24 ~~23~~ (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Nov 24 1906 that I last saw h[im] alive on Nov 21 1906, and that death occurred, on the date stated above, at 6.10 ~~AM~~ P.M. The CAUSE OF DEATH was as follows:

Enlargement of Liver
Probably Carcinoma
uncertain (DURATION) ..... DAYS

Contributory Exhaustion.
(DURATION) 20 DAYS

(Signed) J. W Keown M. D.

Nov. 24 1906 (Address) 1938 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cambridge Md

DATE OF BURIAL: Nov 26 1906

UNDERTAKER: E M Mitchell

ADDRESS: 201 W Fayette St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8

95649

Registered No. B

15 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1455 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Clarence E. Dekker

{Residence, if in Baltimore, Give Street and Number.} 1455 Columbia ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 23 1906

AGE ... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wm Dekker

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Kate Kalter

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Dunn

(Address) 785 Columbia ave

Filed 11/26 1906 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25 1906

I HEREBY CERTIFY, That I attended deceased from Nov 22 1906 to Nov 25 1906

that I last saw him alive on Nov 25 1906,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Cyanosis Neonatorum

(DURATION) 2 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) J. E. Dunn M.D.

Address 785 Columbia ave

Date Nov 25 1906

Place of Burial Loudon Park

Date Nov 26th 1906

Undertaker E. Schloman & Son

Address 1034 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If ... give ...

SEX

DATE

AGE

SINGL... WIDO...

BIRTH... (State ...

FULL ... OF FA...

BIRTH... OF FA... (State o...

MAIDE... OF MO...

BIRTH... OF MOT... (State o...

OCCUP... OF DEC...

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(Informa...

(A...

Filed 11/2...

HEALTH DEPARTMENT, BALTIMORE

Ward ..... Registered No. B 95650

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Wandell

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White.
DATE OF BIRTH: 1	
AGE: 38 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Bartender	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Holliday. Supt. BAY VIEW ASYLUM.

(Address)

Filed 11/26 1906 BAKER C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 9 1906 to Nov 23 1906

that I last saw h.. alive on Nov. 23 1906.

and that death occurred, on the date stated above, at 10 45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) DAYS

(Signed) Sterling Speaty M.D.

Address Bay View Hospital

Date Nov. 23 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Nov 29 1906

Undertaker William H Worden

Address 611 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, Baltimore

Ward ..... 95651 Registered No. B [illegible]

95651

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Pinkney

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1906 to Nov. 23 1906

that I last saw h in alive on Nov. 23 1906,

and that death occurred, on the date stated above, at 5 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis, Ulcers of Duodenum

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

Thrombosis of heart. (DURATION) ..... DAYS

(Signed) Ottenberg Heath M.D.

Address Bay View Hospital

Date Nov. 23 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date Nov 26 1906

Undertaker William H Wooden

Address 184 Aisquith St

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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27

Ward 10

95652

Registered No. B 95652

CERTIFICATE OF DEATH.

93

(Place of Death.) No. W. Homoeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Johnson.

{Residence, if in Baltimore, Give Street and Number.} 313 N Parish alley

Duration of Residence in Baltimore. 47 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rachel Johnson

(Address) 1939 Booth St

Filed 11/26/06

NANCY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-24-1906

I HEREBY CERTIFY, That I attended deceased from 11-24-1906 to 11-24-1906

that I last saw him alive on 11-24-1906

and that death occurred, on the date stated above, at 7 45 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Acute dilitation of Heart (DURATION) 6 DAYS

Con'ributory (Primary.) Pneumonia

(DURATION) 21 DAYS

(Signed) M. W. Stork M.D.

Address 1122 N Mount St

Date 11-24-1906

Place of Burial Mont Auburn Cemetery

Date Nov 28 1906

Undertaker Felix B Fuge

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95653

City of Baltimore, (No. 123, S. Fulton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha Oriana Abrigill

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: November (Month) 15th (Day) 1841 (Year)

AGE: 65 years, ——— months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Joseph Countess

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Elizabeth Beckett

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Abrigill

(Address) 123 S Fulton ave

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 24th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from November 14th 1906 to Nov. 24th 1906 that I last saw her alive on Nov. 24th 1906, and that death occurred, on the date stated above, at 10 30 P. M. The CAUSE OF DEATH was as follows:

Old age; she was ailing for the last two years

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) John Vassalli M. D.

Nov. 25th 1906 (Address) 19 S. Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore City	Nov 27 1906
UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 95654 — Registered No. B 177

CERTIFICATE OF DEATH.

(Place of Death.) No. 727 Iceland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marena Chase.

{Residence, if in Baltimore, Give Street and Number.} 727 Iceland st.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH — 1836 —

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Dorchester Co Md.

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) Not Known.

MAIDEN NAME OF MOTHER Not Known.

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Jarvis.

(Address) 727 Iceland St.

Filed 11/26 1906 HARRY O. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1906 to Nov 25th 1906 that I last saw her alive on Oct 24th 1906, and that death occurred, on the date stated above, at 12.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (DURATION) 31 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) F. C. Linck M.D.

Address 1313 W. Northam

Date Nov 25th 1906

Place of Burial Wash Co Cathedral Cemetery

Date Nov 27th 1906

Undertaker Jno. W. Chase

Address 1211 N. Collington Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 95655 — Registered No. B 95655

CERTIFICATE OF DEATH.

(Place of Death.) No. 139 Carroll Ave St. (If Death occurre Hospital or institutio. give its Name instead of Street and Number)

Full Name Kate Rhinehart

{Residence, if in Baltimore, Give Street and Number.} Ward.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Dec 29 1845

AGE: 60 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Sam Sousene

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Catherine Ware

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Jessie Rhinehart

(Address) 139 Carroll Ave

Filed 11/26 1906 — MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ... 30

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

1 Heart Disease

2

3

4 Senility (DURATION) ... DAYS

Con'tributory (Primary.) Nephritis Chronic

30 yrs (DURATION) ... DAYS

(Signed) Emil Schmeisser M.D. Coroner

Address 1818 N. Charles St

Date Nov 26 1906

Place of Burial St Mary Hampstead

Date Nov 27 1906

Undertaker A S Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95656

Registered No. B.....

City of Baltimore, (No. 2804, Remington Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Addison Dent

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: ~~W~~ Col

DATE OF BIRTH: May 1 (Month) (Day) 1840 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Saunders

(Address) 2804 Remington Av

Filed 11/26 1906 MARY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17th 1906 to Nov. 25 1906

that I last saw him alive on Nov. 25, 1906

and that death occurred, on the date stated above, at 3.30 P. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 8 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. Grant Scott, M. D.

Nov. 26 1906 (Address) 854 N. Bradford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel

DATE OF BURIAL: Nov 27 1906

UNDERTAKER: A S Marshall

ADDRESS: 3539 Fulton

WM. J. C. DULANY CO., BALTIMORE.

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City

Ward 15 — 95652 — Registered No. B 95557

94

CERTIFICATE OF DEATH.

(Place of Death.) No. 1327 N. Stricker St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thos. A. Killalea

{Residence, if in Baltimore, Give Street and Number.} 1327 N. Stricker St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ... 1 ...

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER Andrew ? Killalea

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER Margeret Barron

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Carpenter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. C. Shannon

(Address) Pressman + Stricker Sts

Filed 11/26/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 17 1906 to Nov 24 1906.

that I last saw him alive on Nov. 24 1906;

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

(DURATION) 2 DAYS

Contributory (Primary.) Pleurisy.

(DURATION) 7 DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Baltimore Nov. 24 1906.

Place of Burial New Cathedral

Date Nov 27 1906

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 95658 Registered No. D

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 305 E Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H Birmingham

{Residence, if in Baltimore, Give Street and Number.} 305 E Biddle st

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 1842

AGE: 64 years, 3 months, 8 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED.~~ Single

BIRTHPLACE (State or country) Texas Balls Co

FULL NAME OF FATHER James Birmingham

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A Byrne

(Address) 302 N Gay St

Filed 11/26 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19th 1906 to Nov 24th 1906

that I last saw him alive on Nov 24th 1906,

and that death occurred, on the date stated above, at 8 ½ M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumoniae

(DURATION) 5 DAYS

Contributory (Primary.) Chronic Bronchitis

(DURATION) For years ~~DAYS~~

(Signed) Wilmer Brinton M.D.

Address S W Cor Calvert & Fayette Sts

Date November 25th 1906

Place of Burial New Cathedral Cem.

Date Nov 28th 1906

Undertaker Edward A Byrne

Address 302 N Gay st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95659

City of Baltimore, (No. 16 W. Barney St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret L. Easton

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 13 (Day) 1904 (Year)

AGE: — years, 4 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Wm. L. Easton

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Carrie Baughman

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. L. Easton

(Address) 16 W. Barney St.

Filed 11/26 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 24 1906 that I last saw h[er] alive on Nov 24 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 2 DAYS

Contributory Acute Intestinal Inflammation (DURATION) 7 DAYS

(Signed) R. E. R. Campbell M. D.

Nov. 17 1906 (Address) 1644 Harlem

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western — DATE OF BURIAL: Nov 27th 1906

UNDERTAKER: Jos. Kuntzleman — ADDRESS: 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 6 — 95660 — Registered No. B 95660

44

CERTIFICATE OF DEATH.

(Place of Death.) No. 27 N. Grove St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Heinbuch

{Residence, if in Baltimore, Give Street and Number.} 27 N. Grove St.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH June 18 1837

AGE 69 years, 5 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Cooper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Heinbuch

(Address) 27 N. Grove St

Filed 11/26 1906 HARRY C. [illegible] PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Balto. Nov. 23rd 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Nov. 23 1906

that I last saw him alive on Nov. 23 1906,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Face

(DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) R. J. Kirk M.D.

Address 1610 E. Baltimore St

Date Nov. 26th 1906

Place of Burial Trinity Cemetery

Date Nov. 26th 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1708-1710 Centre Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95661

City of Baltimore, (No. Franklin Sq. Hospital St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rose Newman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 35 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Julius Farber

BIRTHPLACE OF FATHER (State or country): Estrick

MAIDEN NAME OF MOTHER: Ida Bear

BIRTHPLACE OF MOTHER (State or country): Estrick

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius Farber

(Address) 712 E Fayette st

Filed 11/26 1906

MARY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 26th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from November 9th 1906 to November 26th 1906

that I last saw her alive on November 24th 1906,

and that death occurred, on the date stated above, at 2:00 A.M. The CAUSE OF DEATH was as follows:

Contributory ..... (DURATION) ..... DAYS

(Signed) ..... M. D.

11-26- 1906 (Address) Franklin Sq. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 717 E. Fayette St. How long at Place of Death? 17 Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philo Rd Roosdale — DATE OF BURIAL: Nov 26 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lemmon st

WM. J. C. DULANY CO., BALTIMORE.

Rose Newman 4

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95662

Registered No. B

City of Baltimore, (No. 706 W. Fayette St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Kleinman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham Cohen

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ida Hurowitz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Hurowitz

(Address) 706 W Fayette st

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1906 to Nov. 26 1906

that I last saw h[illegible] alive on Nov. 26 1906.

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Pneumonia (Bronchial)

(DURATION) 6 DAYS

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) [illegible] M. D.

Nov. 26 1906 (Address) 1039 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philips Bd Hen Run — DATE OF BURIAL Nov. 26 1906

UNDERTAKER Max Levinson — ADDRESS 1138 Low st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fi[illegible] ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause

HEALTH DEPARTMENT

Ward 11 — 95668 — Registered No. B [illegible] 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 430 Moore St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sydney W. Handy

{Residence, if in Baltimore, Give Street and Number.} 430 Moore St.

Duration of Residence in Baltimore. 2 mo. 1 week.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: Black

DATE OF BIRTH: Sept 1, 1906

AGE: — years, 2 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Barber.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: ~~Georgiana Handy~~.

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgiana Handy

(Address) 430 Moore St.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 24 1906

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to Nov 24, 1906

that I last saw him alive on Nov 24, 1906,

and that death occurred, on the date stated above, at 2:00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pertussis and Inanition

3 weeks (DURATION) — DAYS

Contributory (Primary.) Asthenia

2 weeks (DURATION) — DAYS

(Signed) C. C. Langley M.D.

Address Md Gen. Hospital

Date Nov 24, 1906

Place of Burial Laurel Cem.

Date Nov 26 1906

Undertaker J. H. Burbage

Address 1617 W. Mad. Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

B95664

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95664

City of Baltimore, (No. 946, Druid Hill Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Mrs Thos Upshur

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1868 (Year)

AGE: 38 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: ~~Wm~~ Baylor Upshur

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Lurenia Woody

BIRTHPLACE OF MOTHER (State or country): Essex Co Va

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Upshur

(Address) 946 Druid Hill Ave

Filed 11/26 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 25 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1906 to Nov 27 1906

that I last saw him alive on Nov 24 1906,

and that death occurred, on the date stated above, at 1-30 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

4 (DURATION) DAYS

Contributory Hypostatic Congestion

(DURATION) 1 DAYS

(Signed) Frank L Moyer M. D.

Nov 25 1906 (Address) 1500 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Nov 27 1906

UNDERTAKER: Felix B Pye — ADDRESS: 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish a certificate setting forth the name, sex, age, condition (whether married or single) of the person deceased, and the cause of death, to the Undertaker, or other person superintending the burial, a certificate setting forth the facts which are required to be known, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause of death, to the Undertaker, or other person superintending the burial, a certificate setting forth the facts which are required to be known, as far as the same can be ascertained, ***twenty-four hours after death***, to the Undertaker, or other person

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS. B95665

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95665

City of Baltimore, (No. 706, George St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Colored
DATE OF BIRTH	Unknown (Month) (Day) 1879 (Year)
AGE	27 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Samuel Tyler
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nancy Morris

(Address) 756 Georgia Ave

Filed 11/26 1906 HARRY C. MEYERS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 24 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Nov 24 1906

that I last saw h[er] alive on Nov 23 1906,

and that death occurred, on the date stated above, at 2 P. M.

M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory —

(DURATION) DAYS

(Signed) Jno. G. Hunter M D M. D.

Nov 24 1906 (Address) 216 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Nov 27 1906
UNDERTAKER	ADDRESS
Felix B Pyle	102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Balt

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be t the Physician who attended during his or her last sickness, or the Coron *twenty-four hours after death*, to the Undertaker, or other person superinte Coroner, when the case comes under his notice, rintending the burial, a certificate setting fo

twenty-four hours after death, to the Undertaker, or other person su can be ascertained, the full name, sex, age, condition (whether marri

B95666

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missing

twenty-four hours after death, to the Undertaker, or other person superintendi
the full name, sex, age, condition (whether married or single) of the person deceased,

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... DEPARTMENT, C... Baltimore.

95667 Registered No. B 9566

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 Wall St. (If Death occurred in Hospital or Institution give its Name instead of Street and No.)

Full Name Annie Schaedler

{Residence, if in Baltimore, Give Street and Number.} 1215 Wall St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 27 1880

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Germany.

FULL NAME OF FATHER Adolph Schaedler.

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Katherine Szycofski.

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) (Father.)

(Address) 1215 Wall St.

Filed 11/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25th 1906

I HEREBY CERTIFY, That I attended deceased from Jany 1 1906 to Nov. 25 1906 that I last saw h[illegible] alive on Nov. 25 1906 and that death occurred, on the date stated above, at 11 M. CAUSE OF DEATH (Secondary or Immediate) ~~Gastro Enteritis~~

Bronchial Pneumonia

Contributory (Primary) Gastro Enteritis. (DURATION) 4 DAYS

about 5 mo (DURATION) DAYS

(Signed) N. Lee Francke M.D.

Address 1228 E Chase

Date Nov. 25 1906

Place of Burial Holy Cross (Md Co)

Date Nov. 28 th. 1906

Undertaker E. Hale

Address 115 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

95668

...RTMENT, City of Baltimore.

Registered No. B 95668

Ward

CERTIFICATE OF DEATH.

(Place of Death.) No. 1641 E. Eager St.

(If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Thomas Rainey

{Residence, if in Baltimore, Give Street and Number.} 1641 E. Eager St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov. 2nd 1901

AGE 5 years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John. T. Rainey

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Louis Shirley

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John. T. Rainey

(Address) 1641 E Eager St.

Filed 11/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26th 1906

I HEREBY CERTIFY, That I attended deceased from 24th 1906 to 26th 1906

that I last saw him alive on 26th 1906

and that death occurred, on the date stated above, at 6 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Diphtheritic Croup.

About 48 hours (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) G. W. Simpson M.D.

Address 1026 N. Broadway

Date Nov. 26th

Place of Burial Linden Park

Date Nov. 27th

Undertaker Henry Hoen

Address 1301

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17

95669 Registered No. B 95669

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H. Mellon

{Residence, if in Baltimore, Give Street and Number.} 1712 N. Fulton ave

Dur[illegible] of Residence in Baltimore. Life

SECTION 2. And be it further ... of the Physician who ... to furnish within eight ... orth, as far as the ... and the cause ...

... AND STATISTICAL PARTICULARS

... COLOR White

...TH ... Jan 5 1847

...ths, 20 days

MEDICAL CERTIFICATE OF DEAT...

DATE OF DEATH NOV 2 - 190...

I HEREBY ...RTIFY, Oct 23 190...

that I last saw h... alive

and that death occu...

A...M, CAU...

and that death occu

A—Π, CAI

Ward

95676 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Body found floating in the Basin opposite Pier #4 Light St Wharf St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Manion

{Residence, if in Baltimore, Give Street and Number.} 1102 Linden Ave

Duration of Residence in Baltimore. 16 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX X Male

COLOR White

DATE OF BIRTH Don't know

AGE ____ days

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH missing since Nov. 13 1906

Body found November 24 190

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on

that death occurred, on the date stated abo

OF DEATH (Secondary

SECTION 2. *And be it further enacted and ordained*, Tha

the duty of the Physician who attended during his or her

notice, to furnish within *eighteen hours after death*, to th

setting forth, as far as t same ce be ascertained, the fo

decease[illegible] and the c *death*.

Ward 5 Registered No. B 93671

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Mehler

{Residence, if in Baltimore, Give Street and Number.} 1116 E Lombard st

Duration of Residence in Baltimore. 5 ½ years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: 1

AGE: 63 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Jos Mehler

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Jennie Diegle

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Peddler

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday.

(Address) BAY VIEW ASYLUM

Filed Nov 27 1906

C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 10 1906 to Nov. 26 1906

that I last saw h in alive on Nov 26 1906

and that death occurred, on the date stated above, at 12 noon M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Hattie Watts M.D.

Address Bay View Hospital

Date Nov. 26 1906

Place of Burial Washington Hill

Date Nov 27 1906

Undertaker Mat Learmon

Address 122 Lou st

C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and** [illegible] **of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 95672

CERTIFICATE OF DEATH.

(Place of Death.) No. 609 Cathedral Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Edmondson Atkinson

{ Residence, if in Baltimore, Give Street and Number. } 609 Cathedral Street

Duration of Residence in Baltimore. 4/4

B-95672

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 23 1845

AGE: 60 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James E Atkinson

BIRTHPLACE OF FATHER (State or country): Talbot Co England

MAIDEN NAME OF MOTHER: Hannah A Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) A D Atkinson

(Address) 609 Cathedral St

Filed Nov 27th 1906 HENRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 24/XI 1906

I HEREBY CERTIFY, That I attended deceased from 15/XI 1906 to 24/XI 1906 that I last saw him alive on 24/XI 1906, and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 14 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 14 DAYS

(Signed) W. S. Thayer M.D.

Address 406 Cathedral St Baltimore Md.

Date 26/XI 1906

Place of Burial Greenmount

Date Nov 27th 1906 190

Undertaker H. W. Jenkins Son Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95673 Registered No. B 95673

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Klepfisch

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): -

FULL NAME OF FATHER: -

BIRTHPLACE OF FATHER (State or country): -

MAIDEN NAME OF MOTHER: -

BIRTHPLACE OF MOTHER (State or country): -

OCCUPATION OF DECEASED: House Keeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov 26 1906 that I last saw h e alive on Nov 26 1906 and that death occurred, on the date stated above, at 6 45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Decubitus, Necrosis of jaw.

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) J Hattery Scott M.D.

Address Bay View Hospital

Date Nov. 26 1906

Place of Burial Druid Hill Park Cemetery

Date Nov 28 1906

Undertaker Mrs Andrew Roche & Sons

Address 930 Pa Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 95674 — Registered No. B 95674

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alfred Richardson

{Residence, if in Baltimore, Give Street and Number.} 1025 Jenkins Alley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/27 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 22 1906 to Nov. 26 1906 that I last saw h[illegible] alive on Nov. 26 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cirrhosis of Liver
Chronic diffused
Nephritis

(DURATION) DAYS

Contributory (Primary) Oedema of lungs, Asteric (DURATION) DAYS

(Signed) Whitney Seattle M.D.

Address Bay View Asylum

Date Nov. 26 1906

Place of Burial Laurel

Date Nov 27 1906

Undertaker Felix B Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95675

City of Baltimore, (No. St. Lukes Hospital, St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Rebecca Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June (Month) 24 (Day) 1893 (Year)

AGE 13 years, 5 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Miller

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Maggie Holstein

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Miller

(Address) 2033 E. Eager St

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 1906 to Nov 25 1906

that I last saw h er alive on Nov 25 1906,

and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH was as follows:

Peritonitis

(DURATION) 2 DAYS

Contributory Appendicitis

(DURATION) 19 DAYS

(Signed) J. E. Hessian M.D.

Nov 25 1906 (Address) 1106 N Patterson Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence St Lukes Hospital — How long at Place of Death? 2 Days

Where was disease contracted, if not at place of death? 2033 E Eager

PLACE OF BURIAL OR REMOVAL Mount Carmel — DATE OF BURIAL Nov 28 1906

UNDERTAKER Henry Lutz — ADDRESS 1007 N. Bond

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Western Cemetery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvil Widderman

{Residence, if in Baltimore, Give Street and Number.} Western cemetary

Duration of Residence in Baltimore. Life B95676

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: May 19th 1904

AGE: 2 years, 6 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. city Md

FULL NAME OF FATHER: Nelson Widerman

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md

MAIDEN NAME OF MOTHER: Mary Dietzel

BIRTHPLACE OF MOTHER (State or country): Balto. city. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson Widerman (Father)

(Address) Western Cemetary

Filed 11/27 1906 MARY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: NOV 26 1906 190

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Nov 26 1906

that I last saw him alive on Nov 26 1906,

and that death occurred, on the date stated above, at 3.45 P.M. CAUSE OF DEATH (Secondary or Immediate) Bronchopneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Bronchitis

(DURATION) Life

(Signed) J. Harry Lucas M.D.

Address 411 N. Carey St

Date NOV 26 1906 1906

Place of Burial Western cemetary

Date Nov 27th 1906

Undertaker Geo J. Smith Co

Address 1001 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE

Melvil Widderman

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 95677 Registered No. B 95677

CERTIFICATE OF DEATH.

(Place of Death.) No. Dollfield Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James C. Murray

{Residence, if in Baltimore, Give Street and Number.} Dollfield Ave

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH January 11. 1850

AGE 55 years, 10. months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER David G. Murray

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Joana A. Whitely

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Bookkeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Murray

(Address) Dollfield ave

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25 1906 to Nov 26 1906 that I last saw him alive on Nov 23. 1906, and that death occurred, on the date stated above, at 9:30 a m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Carcinoma of neck. (DURATION) 90 DAYS

(Signed) James S. Ashurst M.D.

Address 4005 Park Heights ave

Date Nov. 26 1906

Place of Burial Loudon Park

Date Nov 28 1906

Undertaker Lowe Cook

Address 5026 Harford ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 95678 — Registered No. B 95678

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name, instead of Street and Number) 19

Full Name Robert J. Townsend

{Residence, if in Baltimore, Give Street and Number.} No 2435 Druid Hill ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 10th 1824

AGE 82 years, — months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Huckster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, BAY VIEW ASYLUM

(Address)

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25. 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1906 to Nov. 25th 1906 that I last saw h alive on Nov. 25th 1906, and that death occurred, on the date stated above, at 2.22 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Myocarditis +
Broncho pneumonia (DURATION) 10- DAYS

Con'ributory (Primary) Arterio sclerosis
+ Senility (DURATION) DAYS

(Signed) Wm Timmberman M.D.

Address Bay View Asylum

Date November 25th 1906

Place of Burial Western

Date Nov 28th 1906

Undertaker Albert + Shulbin

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95679 — Registered No. B 95679

CERTIFICATE OF DEATH.

(Place of Death.) No. 1806 Warwick ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lydia A. Wood

{Residence, if in Baltimore, Give Street and Number.} 1806 Warwick ave

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Feb 7 1834

AGE: 72 years, 9 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Annapolis Md

FULL NAME OF FATHER: Geo. W. Hyde

BIRTHPLACE OF FATHER (State or country): A. A. Co. Md.

MAIDEN NAME OF MOTHER: Mary Witwright

BIRTHPLACE OF MOTHER (State or country): A. A. Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. H. B. Hyde

(Address) 1803 Bolton st

Filed 11/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 26, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Nov. 26 1906

that I last saw h[illegible] alive on Nov. 26 1906

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary congestion

(DURATION) 6 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) L. F. Schmuck M.D.

Address 2222 c Madison av.

Date Nov. 27 1906

Place of Burial West River A. A. Co Md

Date Nov 28 1906

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 95680 — Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Mabel Hooker

{Residence, if in Baltimore, Give Street and Number.} 1225 N. Dallas

Duration of Residence in Baltimore. 5 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Gohus Savages

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Hooker

(Address) 1225 N. Dallas St.

Filed 11/27 1906 — HARRY C. ANDREWS, REGISTRAR — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1906

I HEREBY CERTIFY, That I attended deceased from November 22 1906 to Nov. 26 1906 that I last saw h[illegible] alive on Nov. 25 1906, and that death occurred, on the date stated above, at 1:30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Septicaemia

(DURATION) ..... DAYS

Contributory (Primary.) Pelvic cellulitis

(DURATION) ..... DAYS

(Signed) A. C. Irwin M.D.

Address St Joseph's Hospital

Date November 26 1906

Place of Burial Holy Redeemer Cemetery

Date Nov. 28 1906

Undertaker Henry Hooke Son

Address 130 E. Eager St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 6 — Registered No. B 95681

CERTIFICATE OF DEATH.

(Place of Death.) No. 1819 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude Harman

{ Residence, if in Baltimore, Give Street and Number. } 1819 N. Dallas St.

Duration of Residence in Baltimore. 51 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: In Full 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Mr. Kress

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Robt. McKean

(Address) 1426 E. Lanvale St.

Filed 11/27 1906 HARRY C. ANDREWS; IRVIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 18th 1906 to Nov. 26th 1906 that I last saw h[illegible] alive on Nov. 26th 1906, and that death occurred, on the date stated above, at 11:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia The result of Chronic Bronchitis with Senility (old age)

(DURATION) DAYS

Contributory (Primary.) Chronic Bronchitis

For many Years (DURATION) DAYS

(Signed) Wilmer Brinton M.D.

Address 1223 N. Calvert St

Date Nov. 27 1906

Place of Burial [illegible] Mathew Cemetery

Date Nov. 29th 1906

Undertaker Henry Hoede & Son

Address 131 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

95682

Registered No. B.....

City of Baltimore, (No. 515, Jasper St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mikey Ball

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1 (Year)

AGE: 5 4 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Butler Ball

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elsie Conaway

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 515 Jaskers St

Filed 11/27 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 29 1906 to Nov 26 1906

that I last saw her alive on Nov 24 1906,

and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

(DURATION) 1 Yrs DAYS

Contributory Asthma

(DURATION) DAYS

(Signed) Hallam E Burton M. D.

Nov 26 1906 (Address) 762 Dolphin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Nov 28 1906
UNDERTAKER	ADDRESS
R T Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. B 95683

95683

153

CERTIFICATE OF DEATH.

(Place of Death.) No. 1129 Wrenayer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman W. Brown

{Residence, if in Baltimore, Give Street and Number.} 1129 Wrenayer st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 17th Oct. 1904

AGE: — years, 1 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Richard A Brown

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Bertha D. Smith

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha D Brown

(Address) 1129 Wrenayer St.

Filed 11/27 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

from Brain (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lafayette Ave. (Corner)

Date Nov. 26th 1906

Place of Burial Laurel Cemetery

Date Nov 27 1906

Undertaker R. C. Gillett

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 95684 Registered No. B 95684

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1425 Winchester St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Emily Thomas

{Residence, if in Baltimore, Give Street and Number.} 1425 Winchester St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 18th 1816

AGE: 90 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Washington D C

FULL NAME OF FATHER: John Gordon

BIRTHPLACE OF FATHER (State or country): Washington D C

MAIDEN NAME OF MOTHER: Martha Gordon

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Gordon

(Address) 425 Winchester St

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1906 to Nov. 26 1906

that I last saw her alive on Nov 20 1906

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate

Old Age —

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Thomas Gibson M.D.

Address 1300 N. Strieker

Date Nov. 26 1906

Place of Burial Mt Olivet

Date Nov 27th 1906

Undertaker M Lahey & Son

Address 602 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 95883 Registered No. B 95883

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 215 E Church St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary J. Owings

{ Residence, if in Baltimore, Give Street and Number. } 215 E Church St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Don't know

AGE 55 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Owings (daughter)

(Address) 215 E Church St

Filed 11/27 1906

BARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF ~~DEATH~~ November 25 1906

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 to 190

that I last saw h alive on 190

and ~~that~~ death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart & Kidneys

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theo Steinhardt M.D.

Address Coroner

Date nov 26. 1906

Place of Burial Holy Cross B.B. Co.

Date Nov 28 1906

Undertaker Jos. Stuntebeck

Address 1818 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 25 — 95686 — Registered No. B 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 Light St. — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Peters

{Residence, if in Baltimore, Give Street and Number.} 1632 Light St. —

Duration of Residence in Baltimore. 52 years —

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White. —

DATE OF BIRTH Feb 12 1857

AGE 52 years, 9 months, 13 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) B.C. —

FULL NAME OF FATHER Conrad Bauer —

BIRTHPLACE OF FATHER (State or country) Germany —

MAIDEN NAME OF MOTHER unknown —

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housewife —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Peters

(Address) 1632 Light St

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25 1906.

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Nov 25 1906

that I last saw her alive on Nov 25 1906.

and that death occurred, on the date stated above, at 1.45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Rheumatic Fever —

(DURATION) 6 DAYS

Contributory (Primary.) Heart failure —

(DURATION) 1 DAYS

(Signed) C. P. Strauss. M.D.

Address 1606 Light St —

Date ~~1606 Light St~~ Nov 25 1906

Place of Burial Cedar Hill

Date Nov 27th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 — 95687 — Registered No. B 95687

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1205 Plum Al ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mathias Fibser Fibser

{ Residence, if in Baltimore, Give Street and Number. } 1205. Plum Al

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: November 25 1906

AGE: a few minutes — years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Mathias Fibser

BIRTHPLACE OF FATHER (State or country): Hungary.

MAIDEN NAME OF MOTHER: Helen Manherz

BIRTHPLACE OF MOTHER (State or country): Hungary.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Helen Fibser (mother)

(Address) 1205 Plum Al

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~

that I last saw h~~im~~ alive on ~~1906~~,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
6 mos 2 ttero Gest

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) ~~H. Feinhardt~~ M.D.

Address Coroner

Date November 26 1906

Place of Burial Holy Cross. U. D. Co.

Date Nov 27th 1906

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 95688 — Registered No. B 95688

CERTIFICATE OF DEATH.

(Place of Death.) No. 1313 Richardson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm John Donker (Donker)

{Residence, if in Baltimore, Give Street and Number.} 1313 Richardson St

Duration of Residence in Baltimore 19 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1847

AGE: 59 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer (Stevedore)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodor John Donker

(Address) 1313 Richardson St

Filed ..... 190.....

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1906

I HEREBY CERTIFY, That I attended deceased from March 1901 to Nov. 25 1906

that I last saw him alive on Nov 24 1906,

and that death occurred, on the date stated above, at 2.30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Cardiac paralysis (DURATION) — DAYS

Contributory (Primary) Diabetes mellitus (DURATION) 6½ years DAYS

(Signed) H. McAdam M.D.

Address 1510 E. Fort Ave

Date Nov 26 1906

Place of Burial Louden park

Date Nov 28 1906

Undertaker Jos. Stumtebeck

Address 1318 Light st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95689 Registered No. B 95689

CERTIFICATE OF DEATH.

(Place of Death.) No. 613 S Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John H Quigley

{Residence, if in Baltimore, Give Street and Number.} 613 S. Luzerne st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	W
DATE OF BIRTH	May 17th 1872
AGE	34 years, 6 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Timothy Quigley
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Julia McArtee
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Fulton

(Address) 613 S. Luzerne St.

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1906

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to Nov 25 1906 that I last saw him alive on Nov 26 1906, and that death occurred, on the date stated above, at 2:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) C. L. Long M.D.

Address 2429 E. Fait Ave

Date 190

Place of Burial Mt. Carmel Cem

Date Nov. 28 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto Sts and 1706-1710 Caton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 95690 — Registered No. B 95690 — 92

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Franz Hanzell

{ Residence, if in Baltimore, Give Street and Number. } Emmigrant

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Feb. 27th 1806

AGE: ... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 5 S. Gay St.

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1906 to Nov. 27 1906 that I last saw h[illegible] alive on Nov. 27 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) DAYS

Contributory (Primary.) Marasmus

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date November 27th 1906

Place of Burial Evangelical

Date Nov. 27th 1906

Undertaker H. Saunders & Son

Address 1701 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 17 95691 Registered No. B 95691

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 Stockholm Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Sorrell

{Residence, if in Baltimore, Give Street and Number.} 816 Stockholm.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Oct. 22, 1839

AGE: 67 years, 1 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Lancaster S. Ca

FULL NAME OF FATHER: Moses Weaver

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Jeannette Smith

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Hammond

(Address) 816 Stockholm.

Filed 11/27 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Nov 26 1906

that I last saw her alive on Nov 26 1906,

and that death occurred, on the date stated above, at 6 M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

Stomach 6 DAYS

Contributory (Primary.)

(DURATION) 6 DAYS

(Signed) O. H. Farnen M.D.

Address 714 S. Stricker St.

Date Nov 27 1906

Place of Burial Mt. Auburn Cem.

Date November 27 1906

Undertaker John H. Toadvine

Address 256 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 95692 Registered No. B 95692

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marian Sisco

{Residence, if in Baltimore, Give Street and Number.} 1816 Druid Hill Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 27 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: William Sisco.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Louisa Lawson

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Dress-maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Sisco

(Address) 1816 Druid Hill ave.

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25" 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Nov 25 1906 that I last saw her alive on Nov 25 1906, and that death occurred, on the date stated above, at 12.50 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Uremia Septicemia -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S Strouse M.D.

Address Johns Hopkins Hospital

Date Nov 25 1906

Place of Burial Mt. Auburn Cem.

Date Nov 27 1906

Undertaker Jno N. Toadvine

Address Bocwood Ave St

WM. J. C. DULANY CO., BALTIMORE.

(Diet-enteric Cystitis)

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95693

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Stein

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 81 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 11/27 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov 26 1906

that I last saw her alive on Nov. 26 1906

and that death occurred, on the date stated above, at 2 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Chronic diffuse Nephritis, Senility

Carcinoma of breast (DURATION) ..... DAYS

Contributory (Primary) Cystitis colli profunda

Ethanasia (DURATION) ..... DAYS

(Signed) Atherton Gratz M.D.

Address Bay View Hospital

Date Nov. 26 1906

Place of Burial: Sacred Heart

Date Nov. 27 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 95694 — Registered No. B 1107

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin & Gym Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Jones

{ Residence, if in Baltimore, Give Street and Number. } 535 N. Fulton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: 1

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/27 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 23d 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1906, to Nov. 23d, 1906, that I last saw h alive on Nov. 23 1906, and that death occurred, on the date stated above, at 2.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure due to Ether Anesthesia Operation for Cystic Ovary and Salpingitis (DURATION) 1 hr. 15 min DAYS

Contributory (Primary.) Operation Cystic Ovary & Salpingitis (DURATION) 1 hr. 15 minutes DAYS

(Signed) H. S. Brandenburg M.D.

Address Franklin Sq. Hospital

Date November 23d, 1906

Place of Burial UNIVERSITY OF MARYLAND

Date NOV 26 1906 1906

Undertaker Commissioner Health

Address Health Department

PATHOLOGICAL PURPOSES

O.K. C. Street Coroner

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

29

Ward 12 — 93695 — Registered No. B 93695

CERTIFICATE OF DEATH.

151

(Place of Death.) No. Maryland General Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Chas Louis Wise

{ Residence, if in Baltimore, Give Street and Number. } 2117 Edgewood Ave.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Black

DATE OF BIRTH: Nov 24 1906

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: W E Wise

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cora Ball

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. E. Wise (wf)

(Address) 2117 E. Edgewood Ave.

Filed 11/27 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1906

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Nov 25 1906.

that I last saw h alive on Nov 25 1906.

and that death occurred, on the date stated above, at 8 — M. CAUSE OF DEATH (Secondary or Immediate.)

Premature (7 mos)

(DURATION) 1/ DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. G. Lack M.D.

Address Md Genl Hosp

Date Nov 26 1906

Place of Burial BALTO. MEDICAL COLLEGE

Date NOV 26 1906 190

Commissioner of Health.

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 95696

City of Baltimore, (No. Franklin Sq. Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Biddle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dont know April 16 1841
(Month) (Day) Year)

AGE: About 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm Williams

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Rebecca Hanna

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Benj. Clark

(Address) 606 Scott

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 24 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 11-23-1906 to 11-24-1906

that I last saw h.. alive on 11-24-1906,

and that death occurred, on the date stated above, at 5:25 P. M. The CAUSE OF DEATH was as follows:

Basal Pneumonia
(Septic)

(DURATION) 3 DAYS

Contributory Pericarditis
Pleuritic Effusion (DURATION) ..... DAYS

(Signed) H. C. Bramen M. D.

11-24 1906 (Address) Franklin Sq. Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 606 Scott St

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Nov 27 1906

UNDERTAKER: Wm J. Tickner & Son

ADDRESS: Lauden Park

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20 — 95697 — Registered No. B 95697

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CERTIFICATE OF DEATH.

(Place of Death.) No. 794. Fredericau ave Est St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Rogers Craig

{Residence, if in Baltimore, Give Street and Number.} 794. Fredericau Est

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: April 21 1884

AGE: 22 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto:

FULL NAME OF FATHER: Robert W Craig

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sallie P Watson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Shipping weigher Shipping Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Woodbury Walston

(Address) 20. Stafford St

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 26 th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Strangulation

Hung himself to beam in Barn 7 A.M. Mod. Nov 26 1906 (DURATION) DAYS

with rope Rope Ligature

Contributory (Primary) (DURATION) DAYS

(Signed) Thomas Jones M.D.

Coroner 8th

Address

Date 190

Place of Burial Loudon Park

Date Nov 28 1906

Undertaker Wm J Tickners Sons

Address Camden Place 27

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95693

Registered No. B.....

City of Baltimore, (No. 2528 Canton ave St.; 15th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Rosemark

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 11 (Month) 18 (Day) 1857 (Year)

AGE: 49 years, — months, — days

~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew Rosemark

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Schaumburger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lena Rosemark

(Address 2528 Canton ave

Filed 11/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sep. 29th 1906 to Nov. 25th 1906 that I last saw him alive on Nov. 24th 1906, and that death occurred, on the date stated above, at 3.40 a. m. The CAUSE OF DEATH was as follows:

Morbus Brightii

(DURATION) 60 DAYS

Contributory Phthisis Pulmonalis

(DURATION) — DAYS

(Signed) W. H. Johnson M. D.

Nov. 26th 1906 (Address) 2017 E. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lehnig Cemetery

DATE OF BURIAL: Nov 28 1906

UNDERTAKER: F. B Kirkpatrick

ADDRESS: 1 Frederick Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 95699 Registered No. B 95699

CERTIFICATE OF DEATH.

(Place of Death.) No. 508 Biddle Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Johnson

{Residence, if in Baltimore, Give Street and Number.} 508 Biddle Alley

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	— 1
AGE	69 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Bonyon E. Johnson
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	unknown
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lon Wm Johnson

(Address) 508 Biddle alley

Filed 11/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1906 to Nov 25th 1906

that I last saw him alive on Nov 26th 1906

and that death occurred, on the date stated above, at 7 —

I. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Malarial fever

Same (DURATION) 6 DAYS

Con'tributory (Primary) Same (DURATION) 8 DAYS

(Signed) J. Marcus Gourley M.D.

Address 450 W. Biddle St

Date Nov 26th 1906

Place of Burial National

Date Nov 27 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95700

City of Baltimore, (No. 734 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Miss Marion Mc Garity

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 22 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City Md.

FULL NAME OF FATHER: Patrick McGarity

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary McCann

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Sales Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Mc Garity

(Address) 734 N. Gilmore St.

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 27th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1905 to Nov 27th 1906

that I last saw her alive on Nov 27th 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs

(DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) John J. Ruby M. D.

Nov 27th 1906 (Address) 2128 W. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Nov 30th 1906

UNDERTAKER: John J Cowan — ADDRESS: 941 Hollins

WM. J. C. DULANY CO., BALTIMORE.

Ward 1st 95701 Registered No. B 97

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Patuxent St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Downs

{Residence, if in Baltimore, Give Street and Number.} 810 Patuxent St. S.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1879
AGE	27 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Michael Downs
BIRTHPLACE OF FATHER (State or country)	Irland
MAIDEN NAME OF MOTHER	Annie Farrety
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret King

(Address) 810 Patuxent St.

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Nov. 25 1906

that I last saw h[im] alive on Nov. 25 1906,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthma (DURATION) 2 DAYS

Contributory (Primary) Heart Failure (DURATION) 1 DAYS

(Signed) M. J. McGarry M.D.

Address 839 S. Carlton

Date Nov. 26 1906

Place of Burial St. Patricks Cemetery

Date Nov. 28½ 1906

Undertaker Germanus France

Address Bank & Wolfe Sts.

WM. J. S. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95702 Registered No. B 95702

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Patomac St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Lynch

{ Residence, if in Baltimore, Give Street and Number. } 810 Patomac St.

Duration of Residence in Baltimore. about 40 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 1846
AGE	60 years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Iron Healer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lynch

(Address) 23 N. Baxter St.

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Nov. 26 1906 that I last saw him alive on Nov. 25 1906, and that death occurred, on the date stated above, at 7.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis (DURATION) — DAYS

Contributory (Primary.)

Uremia (DURATION) 6 DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Eutaw St

Date Nov. 26 1906

Place of Burial New Cathedral Cem.

Date Nov. 29th 1906

Undertaker Germanus Thaner

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95703 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas. a Rego

{ Residence, if in Baltimore, Give Street and Number. } Brooklyn - Md.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Thomas Keys

BIRTHPLACE OF FATHER (State or country) Penn, Pa

MAIDEN NAME OF MOTHER Mary McGuire

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Keys

(Address) Brooklyn Md

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1906 to Nov. 26 1906 that I last saw him alive on Nov. 26 1906 and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Edema

(DURATION) DAYS

Contributory (Primary.) Hemiplegia

(DURATION) DAYS

(Signed) W. A. Sorsby M.D.

Address City Hospital

Date November 27 1906

Place of Burial Washington D.C.

Date Nov 29th 1906

Undertaker John F. Cowan

Address 1901 Collins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 66

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95704

City of Baltimore, (No. 716, E 21st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Richard Henry Lawrence

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR wht

DATE OF BIRTH Feb (Month) 4 (Day) 1829 (Year)

AGE 77 years, 9 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Ethelbert Lawrence

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nelson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Lawyer (retired)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia A. Lawrence (daughter)

(Address) 716 East 21st St.

Filed 11/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 11 1906 to Nov. 26 1906

that I last saw him alive on 25 Nov 1906,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Paralysis of Brain

3 mo ag (DURATION) 14 DAYS

Contributory —

(DURATION) — DAYS

(Signed) G Lane Tanyhill M. D.

1906 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral Cem

DATE OF BURIAL Nov 28th 1906

UNDERTAKER Hollyfield Undertaking Co

ADDRESS 2330 Saratoga

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B 95705

CERTIFICATE OF DEATH.

(Place of Death.) No. 1208 W. Lombard St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Ellen Voltz

{Residence, if in Baltimore, Give Street and Number.} 1208 W Lombard St

Duration of Residence in Baltimore. 4 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: 7th July 1838

AGE: 68 years, 4 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ellicott City Howard Co Md

FULL NAME OF FATHER: Rezin Jones.

BIRTHPLACE OF FATHER (State or country): Ellicott City Howard Co Md.

MAIDEN NAME OF MOTHER: Margaret Lucas

BIRTHPLACE OF MOTHER (State or country): Ellicott City Howard Co Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Hartwell

(Address) 1208 W. Lombard St.

Filed 11/27 1906 — HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 26" 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 20 - 1906 to Nov 26 - 1906

that I last saw h[er] alive on Nov 21 - 1906,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Cardiac asthenia

(DURATION) 1 DAYS

Contributory (Primary) Pneumonia

(DURATION) 6 DAYS

(Signed) Henry C O'Neill M.D.

Address 1203 W. Fayette St

Date Nov - 26 - 06 1906

Place of Burial Jonestown Ellicott City, Howard Co Md

Date Nov 28" 1906

Undertaker Hy W. Jenkins & Son Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — 95706 — Registered No. B 95706 — 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 402 S. Poppleton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nannie T. Smith

{Residence, if in Baltimore, Give Street and Number.} 402 S. Poppleton St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. 25th 1882

AGE 24 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick W. Walsh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Walsh

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Smith

(Address) 402 S. Poppleton st

Filed 11/27 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25, 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906. to Nov. 25 1906. that I last saw her alive on Nov. 25 1906., and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 8 Months

(Signed) J. M. Simpkins M.D.

Address 653 Columbia Ave

Date Nov. 27, 1906.

Place of Burial Holy Redeemer Cem.

Date Nov. 28th 1906

Undertaker A. Jones

Address 216 S. Stricker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 95707 Registered No. B 95707

CERTIFICATE OF DEATH.

(Place of Death.) No. 1025 W Lanvale St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie V. Catlin

{Residence, if in Baltimore, Give Street and Number.} 1025 W Lanvale St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH July 27 1850

AGE 56 years, 4 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Oliver P Merryman

BIRTHPLACE OF FATHER (State or country) Baltimore City

MAIDEN NAME OF MOTHER Mary A B Long

BIRTHPLACE OF MOTHER (State or country) London Eng

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt J Catlin

(Address) 1025 W Lanvale St

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27, 1906.

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1905 to November 27 1906 that I last saw h[illegible] alive on November 26, 1906 and that death occurred, on the date stated above, at 5.50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

F (DURATION) 60 DAYS

Con'tributory (Primary.) Carcinoma

~~Internal Viscera~~ (DURATION) 1 yr ~~one~~

(Signed) Robt J Catlin M.D.

Address 1404 Linden Ave

Date Nov. 27 1906

Place of Burial Greenmount Cem.

Date Nov. 29 1906

Undertaker Chas. E. France

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — Registered No. B 95708

95708

CERTIFICATE OF DEATH.

(Place of Death.) No. 1052 Haubert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katherine McDonald

{Residence, if in Baltimore, Give Street and Number.} 1052 Haubert St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 15 1869

AGE: 36 years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Patrick Welsh

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Helsot

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Donnelly (Brotherinlaw

(Address) 416 E. Fort Ave

Filed 11/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1906 to Nov 27th 1906

that I last saw her alive on Nov 26th 1906,

and that death occurred, on the date stated above, at 3:45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Double Lobar Pneumonia

1 week (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Nov 27th 1906

Place of Burial Holy Cross Cemetery

Date November 30 1906

Undertaker Daniel and Margarete Filynn

Address 422 West St

WM. J. C. DULANY CO., BALTIMORE

1406 37 E 9

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95709 — Registered No. B 95709

CERTIFICATE OF DEATH.

(Place of Death.) No. 1935 West Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Hamilton

{Residence, if in Baltimore, Give Street and Number.} 1935 West Baltimore Str.

Duration of Residence in Baltimore. 86 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 28 1818

AGE: 88 years, 9 mont's, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Hamilton

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Jane Davis

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah M. Hamilton

(Address) 1935 W. Baltimore St

Filed 11/28 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 28 1906 to Nov 28 1906

that I last saw him alive on Nov 28 1906

and that death occurred, on the date stated above, at 8.12 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure

~~Histiosis~~ (DURATION) — ~~DAYS~~

Contributory (Primary) Arteria Sclerosis

Senility - Myocarditis (DURATION) 2-3 ~~DAYS~~

(Signed) Geo W. Mahle M.D.

Address 1903 W Baltimore Str

Date November 28 1906

Place of Burial London Park

Date Nov 30 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95710

City of Baltimore, (No. 1009, Valley St.; 10 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna R. Healy

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	December 18 1886 (Month) (Day) (Year)
AGE	19 years, 11 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	America
FULL NAME OF FATHER	William S. Cain
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine O'Brain
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Edward Healy

(Address) 1009 Valley St.

Filed 11/28 1906 HARRY J. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from August 27 1906 to November 26 1906 that I last saw h[er] alive on November 26 1906, and that death occurred, on the date stated above, at 1 p. m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Howard Elwood Jr. M. D.

November 26 1906 (Address) 732 E Preston St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cemetery	Nov. 29 1906
UNDERTAKER	ADDRESS
Evans & Spence	118 & 120 Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 95711 — Registered No. B 95711 43

CERTIFICATE OF DEATH.

(Place of Death.) No. 123 S. Carrollton Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alvinda V. Davis

{ Residence, if in Baltimore, Give Street and Number. } 123 S. Carrollton Ave.

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Howard Co

FULL NAME OF FATHER: Joseph Hobbs

BIRTHPLACE OF FATHER (State or country): ~~Hobbs~~ Howard Co

MAIDEN NAME OF MOTHER: Margett Hobbs

BIRTHPLACE OF MOTHER (State or country): Howard Co

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1200 W. Lombard St

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 27, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26, 1906 to Nov. 27 1906

that I last saw h[illegible] alive on Nov. 26 1906

and that death occurred, on the date stated above, at 4 o'clk P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

indefinite (DURATION) DAYS

Contributory (Primary) Mammary Cancer

(DURATION) 366 DAYS

(Signed) John Heck M.D.

Address 606 N. Gilmor st.

Date November 27 1906

Place of Burial Loudon Park

Date Nov 29th 1906

Undertaker John D Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95732 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 S. Broadway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles F. McLewee

{Residence, if in Baltimore, Give Street and Number.} 622 S. Broadway

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: August 17th 1863

AGE: 43 years, 3 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Charles McLewee

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Levinia Jordan

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert McLewee

(Address) 622 S. Broadway

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to Nov. 26 1906 that I last saw him alive on Nov 25 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Interstitial

about 6 M (DURATION) DAYS

Contributory (Primary.)

Pericarditis + Exhaustion (DURATION) 7 DAYS

(Signed) Geo. Heller M.D.

Address 1937 Gough St

Date Nov. 26 1906

Place of Burial Mt. Carmel Cem

Date Nov. 28 1906

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Balto Sts. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 95713 Registered No. B [illegible] 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1737 Eastern av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Casmeria Muranski

{ Residence, if in Baltimore, Give Street and Number. } 1737 Eastern ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct 6 " 1906

AGE: ..... years, 1 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank Muranski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Mary Dobrecka

BIRTHPLACE OF MOTHER (State or country): Russia Poland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Muranski

(Address) 1737 Eastern ave

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1906

I HEREBY CERTIFY, That I attended deceased from Nov 27 1906 to Nov 27 1906.

that I last saw her alive on Nov 27 1906,

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred W Weber M.D.

Address 1721 Caulton av

Date Nov 27 1906

Place of Burial Holy Rosary

Date Nov 29 " 1906

Undertaker M F. Sadowski

Address 703 S. Conn

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

7

(Place of Death.) No. 1322 Sargeant St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Annie B Given

{Residence, if in Baltimore, Give Street and Number.} 1322 Sargeant

Duration of Residence in Baltimore. Life B 95714

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 2 1906

AGE: 5 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore MD

FULL NAME OF FATHER: Thomas Given

BIRTHPLACE OF FATHER (State or country): Pittsburgh Pa

MAIDEN NAME OF MOTHER: Isabela Harding

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1200 N. Lombard

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Nov 27 1906 that I last saw her alive on Nov 26 1906, and that death occurred, on the date stated above, at 5 a M. CAUSE OF DEATH (Secondary or Immediate.)

Toxemia & heart failure

took Scarlet fever Nov 5 1906 recovered Nov 11 Meningitis developed

(DURATION) ..... DAYS

Contributory (Primary.) Acute Meningitis following Scarlet fever (DURATION) 10 DAYS

(Signed) Jos. E. Timanus M.D.

Address 865 Columbia ave

Date Nov 27 1906

Place of Burial London Park

Date Nov 28th 1906

Undertaker John D Fields

Address 1200 N. Lombard St

4 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95715 Registered No. B 95715

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1605 N. Carey st (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene L. Walters

{ Residence, if in Baltimore, Give Street and Number. } Life 1605 N. Carey st

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 24 Aug 31st 1872

AGE: 34 years, 3 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm C Walters

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Walters

(Address) 1605 N. Carey st

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 27 2d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 27 1906 that I last saw h im alive on Nov 27 1906, and that death occurred, on the date stated above, at 3 a m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 15 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) Charles A. Dubert M.D.

Address 1100 W. Lay, Av

Date Nov. 28 1906

Place of Burial Loudon Park

Date Nov 30 2d 1906

Undertaker Geo. Weber

Address 1155 N. Carey st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... 9572[illegible] Registered No. B ...

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaretha Boesling

{Residence, if in Baltimore, Give Street and Number.} ...

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: August 24th 1824	
AGE: 82 years, 3 months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Germany	
FULL NAME OF FATHER: Johann Herrmann	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: Christina Koenig	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Cleary

(Address) Preston & Valley Sts.

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 27th 1906

I HEREBY CERTIFY, That I attended deceased from To Record 190 to 190

that I last saw her alive on Nov 27 1906,

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 10 DAYS

Contributory (Primary.) Exhaustion (DURATION) ... DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley St.

Date Nov 28 1906

Place of Burial Bonnie Brae

Date November 30 1906

Undertaker Crowley Brothers

Address 1500 W. Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 308 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert L Baker

{ Residence, if in Baltimore, Give Street and Number. } 308 Chestnut St

Duration of Residence in Baltimore. Life

B95717

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH —

AGE — years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Baker

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Liggie Lee

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 308 Chestnut St

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Nov 1906

that I last saw h — alive on — 190—,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) Benj. S. Hopkins M.D. Coroner

Address 216 N Carlton St

Date Nov 28 1906

Place of Burial Laurel

Date Nov 28 — 1906

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95718

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1842 Duncan Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Stephen Dutkowski

{ Residence, if in Baltimore, Give Street and Number. } 1842 Duncan Alley

Duration of Residence in Baltimore. 13 years B95718

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	Wh
DATE OF BIRTH	Dec. 15, 1878
AGE	27 years, 11 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Albert Dutkowsky
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	..... Jawasch
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ewa Dutkowski

(Address) 1842 Duncan alley

Filed 11/28/1906 W. G. ANDREWS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26, 1906

I HEREBY CERTIFY, That I attended deceased from September 1906 to died 190

that I last saw h.. alive on Nov. 16, 1906,

and that death occurred, on the date stated above, at 3.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 200 DAYS

Contributory (Primary.) Heart-failure

(DURATION) ? DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Nov. 27, 1906.

Place of Burial Loudon Park Cemetery

Date Nov 29th. 1906.

Undertaker H. J. Link.

Address 2112 & 2114 Pratt st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B 895719

CERTIFICATE OF DEATH.

(Place of Death.) No. 421 E 24th st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John F Parker

{Residence, if in Baltimore, Give Street and Number.} 421 E 24th st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept 14th 1886

AGE: 20 years, 2 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Parker

BIRTHPLACE OF FATHER (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Sophia Bang

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lillie Cox

(Address) 421 E 24th st

Filed 11/28/1906 S.R.B. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Nov 27 1906 that I last saw him alive on Nov 26 1906, and that death occurred, on the date stated above, at 10.15 A.M. CAUSE OF DEATH (Secondary or Immediate.)

asthenia.

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 3 mos. DAYS

(Signed) W. L. Ford. M.D.

Address 1202 E. Monument St.

Date Nov. 27 1906

Place of Burial Baltimore Cemetary

Date Nov 30th 1906

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 95720 — Registered No. B 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1627 E Federal St — St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John W. Waldren

{Residence, if in Baltimore, Give Street and Number.} 1627 E Federal

Duration of Residence in Baltimore. 1627 E Federal

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Mar 11 1853

AGE: 53 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: Edward Waldren

BIRTHPLACE OF FATHER (State or country): Balto md

MAIDEN NAME OF MOTHER: Sarah Shryock

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna L Waldren

(Address) 1627 E Federal

Filed 11/28/1906 — [illegible] — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Nov 27 1906

that I last saw him alive on Nov 27 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Cancer of the Stomach

(DURATION) 40 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 20 DAYS

(Signed) A D Macdonald M.D.

Address 1501 N Broadway

Date Nov 27 1906

Place of Burial Oak. Lawn

Date Nov. 29th 1906

Undertaker Robt J Turner

Address Broadway & Oliver

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 95726

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 2622 Lehman st.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Margaret Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec 6 1841 (Month) (Day) (Year)
AGE	64 years, 11 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Peter Schuck
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Ann Schmidt
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Christopher Goldbeck

(Address) 2622 Lehman st

Filed 11/28 1906 HARRY C. ADAMS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1906 to Nov 27 1906 that I last saw h alive on Nov 27 1906, and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

Toxaemia

(DURATION) 2 DAYS

Contributory Chronic Int. Nephritis (DURATION) 2 [illegible]

(Signed) Howard Kahn M. D.

Nov 27 1906 (Address) 2021 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Oak Lawn Cem. DATE OF BURIAL Nov 30 1906

UNDERTAKER Jos B Cook ADDRESS 1003 N Balto

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 95722 Registered No. B 95722

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nils Stahle

{Residence, if in Baltimore, Give Street and Number.} S.S. Ryldcroft.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 28 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seaman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Bays

(Address) ~~University Hosp~~

Filed 11/28/1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1906

I HEREBY CERTIFY, That I attended deceased from 11/25 1906 to 11/28 1906

that I last saw him alive on 11/28 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Toxemia (Uremia)

(DURATION) DAYS

Contributory (Primary) Malaria-

Nephritis (DURATION) — DAYS

(Signed) Robt. C. Bay M.D.

Address University Hospital

Date Nov 28 1906

Place of Burial St Peters Cem

Date Nov 28 1906

Undertaker Wm B Cook

Address 1102 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95723

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2511, Jefferson St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward A. G. Glaser Sr.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Apr 2nd 1846 (Month) (Day) (Year)
AGE	60 years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Glaser

(Address) 2511 Jefferson

Filed 11/28/1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 25th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 28 1906 to Nov. 25 1906 that I last saw him alive on Nov. 25 1906, and that death occurred, on the date stated above, at 5.46 P. M. The CAUSE OF DEATH was as follows:

a form of insanity exhibiting impossibility causing starvation

(DURATION) 8 Months

Contributory acute bronchitis

(DURATION) 14 DAYS

(Signed) Howard C. Silver M. D.

Nov. 26 1906 (Address) 1914 Bucknell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
5th Ger. Cath. Cem	11/29th 1906
UNDERTAKER	ADDRESS
J. Herwig & Son	2108 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95724 Registered No. B 95724

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel M Barrett

{ Residence, if in Baltimore, Give Street and Number. } 159 Offet St Cumberland Md

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 28th 1864

AGE: 42 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Saml Barrett

(Address) Cumberland Md

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 27 1906

I HEREBY CERTIFY, That I attended deceased from Nov 27 1906 to Nov 27 1906 that I last saw him alive on Nov 27 1906, and that death occurred, on the date stated above, at 6.10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date Nov 28 1906

Place of Burial Cumberland Md.

Date Nov 28th 1906

Undertaker A. Saylor & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95725 Registered No. B 43

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sophia Williams

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov. 26 1906 that I last saw h e alive on Nov. 26 1906, and that death occurred, on the date stated above, at 2 55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of breast.

Bronchio Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Mattie Scott M.D.

Address Bay View Hospital

Date Nov. 26 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 27 1906 190

Undertaker William H Woodus

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ..... 95726 Registered No. B 95726

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Payne

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Cor.

(Address) BAY VIEW ASYLUM

Filed 11/28 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 2 1906 to Nov. 26 1906 that I last saw him alive on Nov. 26 1906, and that death occurred, on the date stated above, at 3.40 P.M.

I. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) J. Hunter Keatley M.D.

Address Bay View Hospital

Date Nov. 26 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date NOV 27 1906 190 ..

Undertaker William L. Woodes

Address 1811 aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95727 Registered No. B ..... 95727.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John J. Johnson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 11/28. 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 26 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Nov. 26 1906

that I last saw h alive on Nov. 26 1906,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach. Chronic Diffused Nephritis

Contributory (Primary.) Exhaustion (DURATION) DAYS

(DURATION) DAYS

(Signed) J. Whitridge Guath, M.D.

Address Bay View Hospital

Date Nov. 27 1906

Place of Burial JOHNS HOPKINS HOSPITAL NOV 27 1906

Date 190

Undertaker William H. Woodus

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 2 — 93728 — Registered No. B ... 100

CERTIFICATE OF DEATH.

(Place of Death.) No. 2003 Spruce Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Kelly

{ Residence, if in Baltimore, Give Street and Number. } 2003 Spruce Alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb. 29, 1896

AGE: 10 years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: John Kelly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine T. Sunderland

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. Kelly

(Address) 2003 Spruce Alley

Filed 11/28 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 18, 1906 to Nov 26, 1906 that I last saw him alive on Nov 26, 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate) Gastro enteritis

(DURATION) 9 DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) ... M.D.

Address ...

Date ... 1906

Place of Burial Holy Cross Cem.

Date Nov 29th 1906

Undertaker Jno. A. Inman

Address Bank & Aunts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95729

City of Baltimore, (No. 2101, N Calvert St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John E Reeside

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 26 1819 (Month) (Day) (Year)
AGE	87 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Cumberland Md
FULL NAME OF FATHER	James Reeside
BIRTHPLACE OF FATHER (State or country)	Scotland
MAIDEN NAME OF MOTHER	Mary Mais
BIRTHPLACE OF MOTHER (State or country)	Hagerstown Md
OCCUPATION OF DECEASED	U S Mail Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Armor Reeside

(Address) Washington D.C.

Filed 11/28 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 9 30 am 1906 to 10 20 am 1906 that I last saw him alive on Nov 27th 1906, and that death occurred, on the date stated above, at 10 30 a m. The CAUSE OF DEATH was as follows:

Infirmities of age

(DURATION) DAYS

Contributory Immediate Cause of death Weakness (DURATION) DAYS

(Signed) Geo H Barnes M. D.

Nov 27 1906 (Address) 21 W 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Washington D.C. Oak Hill Cem	Nov 29th 1906
UNDERTAKER	ADDRESS
Geo Jenkins Sons Co	2336 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 95730 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Young

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 56 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: 1	
AGE: 79 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed	
BIRTHPLACE (State or country): Maryland	
FULL NAME OF FATHER:	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Carpenter	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Arend M.

(Address) 754 N Eutaw St

Filed 11/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 26. 1906

I HEREBY CERTIFY, That I attended deceased from June 1. 1906 to Nov. 26. 1906 that I last saw him alive on Nov. 26. 1906, and that death occurred, on the date stated above, at 8.22 P.M. CAUSE OF DEATH (Secondary or Immediate)

Oedema of Lung

(DURATION) 2 DAYS

Contributory (Primary.) Nervous Cowpic

Myocarditis of Unascertained Duration (DURATION) 2 DAYS

(Signed) D. M. Avery Lee M.D.

Address Bay View Asylum

Date November 26. 1906.

Place of Burial Walker Station Potts Co. Md.

Date Nov 29 1906

Undertaker J. Ahrens & Co.

Address 754 N. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95731

95731

CERTIFICATE OF DEATH.

(Place of Death.) No. 712 S Port St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A. Adams

{ Residence, if in Baltimore, Give Street and Number. } 712 S Port St,

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH ..... 1.....

AGE 49 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Balto. Md.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John W. Adams Jr

(Address) 712 S. Port St

Filed 11/29 1906 HARRY O. ANDREWS. Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Nov 26 1906

that I last saw h.. alive on Nov 26 1906

and that death occurred, on the date stated above, at 230 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease

(DURATION) 30 DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) A. L. Ling M.D.

Address 2429 Gait Ave

Date Nov 27 1906

Place of Burial Greenmount

Date Nov. 29 1906

Undertaker Strudell Liebel & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Visitation Convent 604 Park ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sister Mary Xavier Queen

{Residence, if in Baltimore, Give Street and Number.} Visitation Convent 604 Park ave

Duration of Residence in Baltimore. about 65 years B9532

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov. 21st 1822

AGE: 84 years, — months, 7 days

SINGLE, ~~MARRIED~~ ~~WIDOWED~~, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Dr William Queen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Mother

(Address) Visitation Convent

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1906 to November 28 1906

that I last saw her alive on November 28 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia -

(DURATION) 2 DAYS

Contributory (Primary) Fracture of R. Hip

(DURATION) 3 DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date November 28 1906

Place of Burial Mt de Sales Cem

Date Nov 29th 1906 190

Undertaker H. O. Jenkins Sons Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ... 7 ... 95783 ... Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 636 Penn alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Carlon B95733

{Residence, if in Baltimore, Give Street and Number.} 636 Penn alley

Duration of Residence in Baltimore. ...

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: C

DATE OF BIRTH: — 1 ...

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 804 Shuter St

Filed 11/29 1906 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 25 1906

I HEREBY CERTIFY, That I attended deceased from no Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate) Uremic Congestion of Lungs Coma Sudden

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Patrick F Manton M.D.

Address 1002 W Lafayette

Date Nov 27 1906

Place of Burial Laurel

Date Nov 29 1906

Undertaker R F Elliott

Address 506 Rogers Ave X

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95734

Registered No. B

City of Baltimore, (No. 1633 N Mount St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ambrose Handley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April (Month) Tuesday (Day) 1862 (Year)
AGE	43 years, 8 months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	James Handley
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Annie Massey
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	Potter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Handley

(Address) Canton ave 693

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1905 to Nov 26 1906 that I last saw h[illegible] alive on 24 1906, and that death occurred, on the date stated above, at 8 15 a.m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. L. Harris M. D.

Nov 27 1906 (Address) 112 Haylehurst

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem	November 29 1906
UNDERTAKER	ADDRESS
John B Doppel	North av Harford

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

Ward ..... 95735 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1621 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otto E. Gareis

{Residence, if in Baltimore, Give Street and Number.} 1621 Ashland Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 28th 1906

AGE ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Otto E. Gareis

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Rosa Biemiller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Otto E. Gareis

(Address) 1621 Ashland Ave

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1906 to Nov 28 1906

that I last saw him alive on Nov 27 1906

and that death occurred, on the date stated above, at 5.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Congenital Atelectasis

(DURATION) 30. DAYS

Contributory (Primary.) Asphyxia.

Neonatorum. (DURATION) DAYS

(Signed) M. L. Todd. M.D.

Address 1202 E. Monument St.

Date 11/28 1906

Place of Burial Western Cem.

Date 11/29/06 1906

Undertaker Herring & Son

Address 2008 Orleans

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95736

City of Baltimore, (No. 829 Hillen St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frances Collins

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) (Day) 1843 (Year)

AGE: 63 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Collins

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Blacksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Collins

(Address) 829 Hillen St

Filed 11/29 1906

HARRY C. [illegible]
PERMIT CLERK
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 27 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Nov. 27 1906

that I last saw h[illegible] alive on Nov. 24 1906,

and that death occurred, on the date stated above, at 4 A. M. The CAUSE OF DEATH was as follows:

Paralysis

(DURATION) DAYS

Contributory Senility

(DURATION) DAYS

(Signed) Benj. S. Hayden M. D.

Nov. 27 1906 (Address) 1216 N. Caroline St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemy — DATE OF BURIAL: Nov 30 1906

UNDERTAKER: Edward A Byrne — ADDRESS: 3020 Gay

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 95737 Registered No. B

108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Orrie L. Bartholow

{ Residence, if in Baltimore, Give Street and Number. } 1232 Columbia ave

Duration of Residence in Baltimore. 16

B 95737

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 9 1841
AGE	65 years, 8 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Elisha Bartholow
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Mary A. Anderson
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F. Bartholow

(Address) 1232 Columbia ave

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Nov 27 1906

that I last saw h alive on Nov 27 1906,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Strangulation of Bowels

(DURATION) Two DAYS

Contributory (Primary.) Hernia

(DURATION) — DAYS

(Signed) R. Veglahn M.D.

Address Mt Vernon

Date Nov. 28 1906

Place of Burial Mt. Olivet Cemty

Date Nov. 30, 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager at

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 95738 Registered No. B 135

CERTIFICATE OF DEATH.

(Place of Death.) No. 1120 W. Saratoga St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bell Johnson

{Residence, if in Baltimore, Give Street and Number.} 1120 W. Saratoga St

Duration of Residence in Baltimore. 13 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 39 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Anderson Herbert

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Nancy Tompkins

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas. Johnson

(Address) 1120 W. Saratoga St

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Nov 26 1906

that I last saw h er alive on Nov 26 1906,

and that death occurred, on the date stated above, at 12.5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Hemorrhage

(DURATION) 24 hrs DAYS

Contributory (Primary.) Heart Failure

(DURATION) ..... DAYS

(Signed) O. H. Foster M.D.

Address 714 S. Bond St

Date Nov 26th 1906

Place of Burial Mt. Auburn Cem

Date Nov 29 1906

Undertaker John H. Toadvine

Address 256 W. Pratt St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95739 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1433 N. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Laura G. Ward

{Residence, if in Baltimore, Give Street and Number.} 1433 N. Lombard St

Duration of Residence in Baltimore. 35 Yrs - B95739

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Apr 14" 1861

AGE 45 years, 7 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Georgetown D.C

FULL NAME OF FATHER David Mason

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Sarah A Gatewood

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Dr. Ward

(Address) 1433 N. Lombard

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 26" 1906

I HEREBY CERTIFY, That I attended deceased from Sept 26" 1906 to Nov 26" 1906 that I last saw h er alive on Nov 26" 1906 and that death occurred, on the date stated above, at 7.30 P M. CAUSE OF DEATH (Secondary or Immediate.)

Collapse

(DURATION) 1 DAYS

Con'ributory (Primary.) Phthisis Pulmonalis (DURATION) 2 mos

(Signed) Dr Blaney M.D.

Address 110 S. Gilmor st

Date Nov 28" 1906

Place of Burial London Park Cemetary

Date Nov 29th 1906

Undertaker Armstrong Denny Co

Address Light & Montgomery sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95740

Registered No. B .....

City of Baltimore, (No. 1028 N. Carlton St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Helen L Steinmetz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: Nov 1 1906 (Month) (Day) (Year)

AGE: ... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm. Steinmetz

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Amy Stewart

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Steinmetz

(Address) 1028 N. Carlton St

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1906 to Nov 29 1906 that I last saw h[er] alive on Nov 28 1906; and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Capillary Bronchitis

(DURATION) 10 DAYS

Contributory Exhaustion

(DURATION) ... DAYS

(Signed) Chas Davis M. D.

1906 (Address) 923 N Pamela

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Laurel Lawn — DATE OF BURIAL: 11-29-1906

UNDERTAKER: Jane H. Ward — ADDRESS: 1... N Carlton

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B 95741

CERTIFICATE OF DEATH.

(Place of Death.) No. 1210 Division Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maria Jackson

{Residence, if in Baltimore, Give Street and Number.} 1210 Division Street

Duration of Residence in Baltimore. 20 yrs

B 95741

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Shadrick Parrish

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Jane Burke

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Nurse Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Shadrick Burke

(Address) 1210 Division st

Filed 11/29 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 27 1906 that I last saw her alive on Nov 27 1906, and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dropsy

Contributory (Primary) Dr Young

(DURATION) DAYS

(DURATION) DAYS

(Signed) W. F. Turner M.D.

Address #712 Eutaw st

Date Nov 28 1906

Place of Burial Laurel Cemetery

Date 29 1906

Undertaker R. A. Elliott

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95742

City of Baltimore, (No. 1628 Mulberry St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John. J Buckley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Mar. 10th 1869 (Month) (Day) (Year)
AGE	37 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	John. J Buckley
BIRTHPLACE OF FATHER (State or country)	~~Balto.~~ England
MAIDEN NAME OF MOTHER	Elizabeth Edwards
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Commission Mer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Buckley

(Address) 925 Hopkins Pl

Filed 11/29 1906 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Nov 29 1906

that I last saw him alive on Nov 29 1906,

and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cirrhosis of the Liver

Pernicious Anemia (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Thos. F. Mogness M. D.

11/29 1906 (Address) 1536 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Nov. 30 1906
UNDERTAKER	**ADDRESS**
E J Flannery	1938 E Lafayette

WM. J. C. DULANY CO., BALTIMORE.

Ward 1 C Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1109 Greenmount Ave

~~St.~~ (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name George M Mc Donnell

{Residence, if in Baltimore, Give Street and Number.} 1109 Greenmount Ave

Duration of Residence in Baltimore. 8 months B95743

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Unknown 1860

AGE: 46 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Mc Donnell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Elwood

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Marble Quarrier

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Mc Donnell

(Address) 1109 Greenmount Ave

Filed 11/29/ 1906 HARRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Nov 27 1906

that I last saw h~~im~~ alive on Nov 27 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 DAYS

Contributory (Primary.) Toxaemia

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date Nov. 28, 1906

Place of Burial Loraine Baltimore

Date Nov 30th 1906

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 95744 Registered No. B 95744

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles H. Peters

{Residence, if in Baltimore, Give Street and Number.} 718 Eider Alley

Duration of Residence in Baltimore. 30 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) Bay View Asylum

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 28 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Nov. 28 1906

that I last saw h im alive on Nov. 28 1906.

and that death occurred, on the date stated above, at 9 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary) Hemorrhage of Lungs (DURATION) DAYS

(Signed) Thelwell Beatty M.D.

Address Bay View Hospital

Date Nov. 28 1906

Place of Burial Laurel Cemetery

Date Nov 29 1906

Undertaker Felix B. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death) No. 1506½ N Gay St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen F. Wheeley

{Residence, if in Baltimore, Give Street and Number.} 1506½ N Gay St.

Duration of Residence in Baltimore.. 26 years B95745

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1850

AGE 56 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lily W Wheeley

(Address) 1506 N. Gay st

Filed 11/29/ 190 6 EARL J. J. NICHOLS, REGISTER OF WILLS. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 190 6

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart disease (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Geo. R. Cummins M.D.

Address Coroners Office

Date Nov 28 190 6

Place of Burial Mount Carmel

Date Nov 30 190 6

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 95746

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 S. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wladislawa Shimcinska

{ Residence, if in Baltimore, Give Street and Number. } # 608 S. Durham

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept 24 1906

AGE ..... years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Wladislaw Shimcinski

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Anna Bortnowsky

BIRTHPLACE OF MOTHER (State or country) Russia Poland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Shimcinska

(Address) 608 S. Durham St

Filed 11/30/1906 HARRY D. MEWS, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28th, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 28 1906 to Nov. 28 1906

that I last saw her alive on Nov 28 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Entero-colitis

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John H. Rehkopf M.D.

Address #1709 Chicamuxen St

Date Nov. 29 1906

Place of Burial Holy Rosary,

Date Friday Nov 30 1906

Undertaker M. F. Sudowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 9574 — Registered No. B 95747

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Harford Road & Montebello ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Anna M. Alvey

{Residence, if in Baltimore, Give Street and Number.} Harford Road & Montebello ave

Duration of Residence in Baltimore. 46 years B95747

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	July 27th 1855
AGE	51 years, 4 months, 1 day
~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	John F Reinicker
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Laura A Graves
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick B Reinicker Brother

(Address) Harford Road & Montebello ave

Filed 11/30 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Nov. 28th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov. 28th 1906

that I last saw her alive on Nov. 27, 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Final apnea

(DURATION) DAYS

(Signed) E. B. Britton M.D.

Address 1711 E. Baltimore St.

Date Nov. 29th 1906

Place of Burial Druid Ridge Cemetery

Date December 2nd 1906

Undertaker George Schilling & Son

Address 1126 E Monument st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mr. Jas W. Wells

{Residence, if in Baltimore, Give Street and Number.} Aberdeen - Harford Co. Md

Duration of Residence in Baltimore. —

B 95748

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH	1
AGE	64 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	~
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	~
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 11/30 1906 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1906 to Nov. 30 1906

that I last saw him alive on Nov. 30 1906,

and that death occurred, on the date stated above, at 3.21 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia -

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

(DURATION) ... DAYS

(Signed) Robt C. Bay M.D.

Address University Hospital

Date Nov. 30 1906

Place of Burial Aberdeen Harford Co Md

Date Nov 30 1906

Undertaker A R Fletcher

Address Aberdeen Md

WM. J. C. DULANY CO., BALTIMORE.

"SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 — 95749 — Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Angela Rocchi

{Residence, if in Baltimore, Give Street and Number.} 1231 E Monument st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 9 November 1906

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): U.S. America

FULL NAME OF FATHER: Nicholas Bacchi

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Angelina Desocio

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie F. Romano

(Address) 1908 E Madison st

Filed 11/30 1906 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1906 to Nov 28th 1906

that I last saw h.. alive on " 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Syphilis

(DURATION) 11 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fuller M.D.

Address 9. E. Bartells St.

Date Nov 29th 1906

Place of Burial St Vincent

Date Nov 30 1906

Undertaker Edward H Byrne

Address 302 S Bay

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1642 Hanover St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Priscilla Stenler

{Residence, if in Baltimore, Give Street and Number.} 1614 Patapsco

Duration of Residence in Baltimore. life. B 95750

PERSONAL AND STATISTICAL PARTICULARS	
SEX Fem.	COLOR White
DATE OF BIRTH	Nov 25 1860
AGE	46 years, months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	James J. Forsyth
BIRTHPLACE OF FATHER (State or country)	unknown
MAIDEN NAME OF MOTHER	Elizabeth J Brooks
BIRTHPLACE OF MOTHER (State or country)	unknown
OCCUPATION OF DECEASED	Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Stenler.

(Address) 1614 Patapsco

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Nov 28 1906 that I last saw h e s alive on Nov 27 1906, and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Nephritis. -

(DURATION) 28 DAYS

Contributory (Primary.) Uraemia. -

Convulsions (DURATION) 6 DAYS

(Signed) C. P. Frame M.D.

Address 1606 Light St.

Date Nov 28/06 1906.

Place of Burial Cedar Hill

Date Nov 30 1906

Undertaker Gas Schuntelbeck

Address 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1 — 9575L — Registered No. D

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 Potomac St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Kruger

{Residence, if in Baltimore, Give Street and Number.} 813 Potomac St.

Duration of Residence in Baltimore. about 36 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 15th 1852
AGE	54 years, 5 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	don't know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ungius Beatin

(Address) 813 Potomac St

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9th 1906 to Nov 27 1906 that I last saw h[im] alive on Nov 26 1906, and that death occurred, on the date stated above, at 10-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 10 DAYS

Contributory (Primary.) Tuberculosis Pulmonalis (DURATION) DAYS

(Signed) C. V. Atkeson M.D.

Address 2 W Hoffman

Date Nov. 29th 1906

Place of Burial Trinity Cemetery

Date Nov. 30 1/2 1906

Undertaker Germanow Thanes

Address 1 Bonty & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 95752

10 D

CERTIFICATE OF DEATH.

(Place of Death.) No. 907 N. Entaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Travers Hawkins

{ Residence, if in Baltimore, Give Street and Number. } Westwood, Md.

Duration of Residence in Baltimore. 6 weeks

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR ed

DATE OF BIRTH ..... 1 .....

AGE 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Levin Hawkins

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Dyer

(Address) 907 N. Entaw St.

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28 1906,

I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1906, to Nov 28 1906, that I last saw h... alive on Nov. 28, 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage from Gastric Ulcer

(DURATION) 1 DAYS

Contributory (Primary.) Heart Disease (DURATION) Many DAYS

(Signed) J. Claw, Jr., M.D.

Address 922 Madison Ave

Date Nov. 29 1906.

Place of Burial Ervie Station Prince George County Md

Date December 2 — 1906

Undertaker Isaac Brown

Address 565 Dolphin st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 12. S. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther M. Young.

{Residence, if in Baltimore, Give Street and Number.} 12 S. Gilmor St

Duration of Residence in Baltimore. Life. B95753

PERSONAL AND STATISTICAL PARTICULARS	
SEX female	COLOR White
DATE OF BIRTH 11-27 1906	
AGE 7 years, 3 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltio
FULL NAME OF FATHER	Chas Young
BIRTHPLACE OF FATHER (State or country)	Baltio
MAIDEN NAME OF MOTHER	Esther Young
BIRTHPLACE OF MOTHER (State or country)	Baltio
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 176 Calhoun St

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 28 1906 to Nov 28 1906

that I last saw her alive on Nov 28 1906

and that death occurred, on the date stated above, at 12.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H. London M.D.

Address 1403 W Fayette St

Date Nov 29 1906

Place of Burial London Park Cem

Date 11-30th 1906

Undertaker Robt H. Brooks & Son

Address S E Cor Calhoun & Hollins

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital, Greene & Lombard Sts, (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robt. Culver,

{ Residence, if in Baltimore, Give Street and Number. } Mt. Washington, Md,

Duration of Residence in Baltimore.

B95754

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Wh
DATE OF BIRTH	1
AGE	77 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	N.Y. State
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	N.Y.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	N.Y.
OCCUPATION OF DECEASED	Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John K Culver

(Address) 7111 Washington Balto Co

Filed 11/30 1906

WM. C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28, 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1906 to Nov. 28, 1906 that I last saw him alive on Nov. 28, 1906, and that death occurred, on the date stated above, at 2:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) indefinite DAYS

Contributory (Primary.) Nephritis

(DURATION) indefinite DAYS

(Signed) R. B. Hayes M.D.

Address University Hospital,

Date Nov 28, 1906

Place of Burial Boulder Colo

Date Nov 30 1906

Undertaker Jos B. Cook

Address 1013 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 95755 Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 821 W. Cross St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Catharine Bloomfield

{Residence, if in Baltimore, Give Street and Number.} 821 W. Cross St.

Duration of Residence in Baltimore. Lifetime 895755

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Aug. 20th 1853

AGE 53 years, 3 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Philip Wagner

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Christena Meeke

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. M. Bloomfield

(Address) 821 W. Cross St.

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 12th 1906 to Nov. 28 1906 that I last saw her alive on Nov. 27th 1906, and that death occurred, on the date stated above, at 2-15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) 47 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Nov. 28th 1906

Place of Burial Loudon Park

Date Nov 31 1906

Undertaker J. B. Cook

Address 1032 Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 95756 Registered No. B 41

CERTIFICATE OF DEATH.

(Place of Death.) No. 35. S. Calhoun St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name William Stiltz

{Residence, if in Baltimore, Give Street and Number.} 35 S. Calhoun St

Duration of Residence in Baltimore. 37 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Sept 21 1829

AGE 77 years, 2 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Daniel Stiltz

BIRTHPLACE OF FATHER (State or country) Pennsylvania

MAIDEN NAME OF MOTHER Ellen McGinn

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac R Hoffman

(Address) 35 S. Calhoun

Filed 11/30 1906 EDGAR C. ANDREWS, CITY REGISTER. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Nov 29 1906

that I last saw h— alive on Nov 28 1906

and that death occurred, on the date stated above, at 8.45 a.m. CAUSE OF DEATH (Secondary or Immediate)

Had been weak mentally for many years. arterio Sclerosis Enlarged Prostate &c —

General Weakness (DURATION) 14 DAYS

Contributory (Primary.) Embolism — no radial pulse (DURATION) 18 hours DAYS

(Signed) W. A. Kemp M.D.

Address 8 W. 25th St

Date November 29 1906

Place of Burial Mt Olivet

Date Nov 30 1906

Undertaker Jos B Cook

Address 1103 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

92

(Place of Death.) No. Gilmors Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Bailey Reuss

{ Residence, if in Baltimore, Give Street and Number. } Gilmors Lane

Duration of Residence in Baltimore. Lifetime B95757

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: March 8 1906

AGE: ..... years, 8 months, 20 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Everman Reuss

BIRTHPLACE OF FATHER (State or country): Phila Pa

MAIDEN NAME OF MOTHER: Grace Tomlinson

BIRTHPLACE OF MOTHER (State or country): Phila Pa

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Everman Reuss

(Address) Gilmore Lane

Filed 11/30 1906 JAMES C. ANDREWS, PERMIT CLERK. Registrar

1

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28. 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 28. 1906 that I last saw him alive on Nov 28. 1906 and that death occurred, on the date stated above, at 10.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Bronchitis

(DURATION) 6 DAYS

(Signed) Henry White M.D.

Address 906 Gorsuch Ave

Date Nov. 29 1906

Place of Burial Phila Pa N

Date Nov 30 1906

Undertaker Stewart & Mowen Co

Address 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

95758

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George B. Lynch

{Residence, if in Baltimore, Give Street and Number.} 1315 Hollins St.

Duration of Residence in Baltimore.....

B 95758

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Harpers Ferry

FULL NAME OF FATHER: Geo. H. Lynch

BIRTHPLACE OF FATHER (State or country): Harpers Ferry

MAIDEN NAME OF MOTHER: Elizabeth Lynch

BIRTHPLACE OF MOTHER (State or country): Harpers Ferry

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D. Fields

(Address) 1200 N. Lombard

Filed 11/30 1906 HARRY C. ANDREWS, CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Nov. 27 1906 that I last saw him alive on Nov. 27 1906, and that death occurred, on the date stated above, at 7:20 P. M. CAUSE OF DEATH (Secondary or Immediate) Cardiac failure, Oedema of lungs.

(DURATION) ..... DAYS

Contributory (Primary.) Typhoid fever.

(DURATION) 35 DAYS

(Signed) W. W. Clair M.D.

Address University Hospital

Date Nov. 27 1906

Place of Burial Harpers Ferry W Va

Date ~~Nov 30~~ Dec 1 1906

Undertaker John D Fields

Address 1200 N. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — Registered No. B 95759

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1124 Riverside ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Adam H. Schier

{Residence, if in Baltimore, Give Street and Number.} 1124 Riverside ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1864 1

AGE 42. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Fredrick Schier

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Mughter, Elizabeth

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Schier

(Address) 1124 riverside. Ave.

Filed 11/30 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 27 1906

I HEREBY CERTIFY, That I attended deceased from Nov 18 1906 to Nov 27 1906

that I last saw him alive on Nov 27 1906,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) 9 DAYS

(Signed) W. S. Arnold M.D.

Address 528 Hanover St.

Date Nov 29 1906.

Place of Burial Cedar Hill

Date Nov 30 1906

Undertaker John C Evans & Son

Address 28 S Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B95760

155

CERTIFICATE OF DEATH.

(Place of Death.) No. 1608 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wm L. Goetz.

{Residence, if in Baltimore, Give Street and Number.} 1608 S. Charles St.

Duration of Residence in Baltimore. 50 yrs. B95760

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	December 24 1837
AGE	68 years, 11 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Annie Norbeck (daughter)

(Address) 1608 S. Charles St

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Suicide

by

Carbolic Acid Poisoning.

(DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) H. W. Reinhardt M.D.

Coroner

Address ...

Date November 28. 1906

Place of Burial Mt. Olivet Cemetery

Date Dec 1 1906

Undertaker John E. Edwards

Address 1428 S. Charles St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1114 Little Wilson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Penn

{ Residence, if in Baltimore, Give Street and Number. } 1114 Little Wilson St.

Duration of Residence in Baltimore. Life

B95761

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Fem.	COLOR: Colored
DATE OF BIRTH: June 23rd 1905	
AGE: 1 years, 5 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto.	
FULL NAME OF FATHER: Harry B Robinson	
BIRTHPLACE OF FATHER (State or country): Unknown	
MAIDEN NAME OF MOTHER: Elana Penn	
BIRTHPLACE OF MOTHER (State or country): Ivoe	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elana Penn

(Address) 1114 Little Wilson st

Filed 11/30 1906 ARTH C. ANDREWS, CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.. that I last saw h.. alive on ..... 190.., and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Allan Balcomb M.D.

Address Two Log Inn (Govans)

Date Nov. 29th 1906

Place of Burial St Peters Cemetery

Date Nov 30th/06 1906

Undertaker Clarence E Wright

Address 1364 Gorsuch

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 Edward st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Reynolds

{ Residence, if in Baltimore, Give Street and Number. } 1232 Edward st.

Duration of Residence in Baltimore. 30 years. B95762

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1876

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Gorgus Reynolds

BIRTHPLACE OF FATHER (State or country): West Rivr

MAIDEN NAME OF MOTHER: Angela Reynolds

BIRTHPLACE OF MOTHER (State or country): West River

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Coates

(Address) 1016 E Madison

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29th 1906

I HEREBY CERTIFY, That I attended deceased from October 1st 1906 to November 29th 1906

that I last saw him alive on Nov. 29th 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

Acute Laryngeal Phthisis (DURATION) 2 months DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) Charles H. A. Mcy Sr M.D.

Address 1131 N. Caroline str.

Date November 30th 1906.

Place of Burial Laurel Cemetery

Date Dec 2nd 1906 1906

Undertaker Clarence Coldwell

Address 1364 N Carey Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95763 Registered No. B 95763

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 2323 Eastern ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Effie M. Hauser

{Residence, if in Baltimore, Give Street and Number.} 2323 Eastern ave

Duration of Residence in Baltimore.

B95763

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 22, 1858

AGE 48 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Mary Hale

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Hauser

(Address) 2323 Eastern ave

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 - 1906

I HEREBY CERTIFY, That I attended deceased from ~~1906~~ to ~~1906~~ that I last saw h ~~alive~~ on ~~1906~~ and that death occurred, on the date stated above, at ~~M.~~ CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Gudlet Cumm M.D.

Address 320 E Lanvale St

Date Nov 28 - 1906

Place of Burial Oaklawn Cemetery

Date Dec. 1 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

179

(Place of Death.) No. Provident Hospital 413 W. Biddle St.

(If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Lucy Dent

{Residence, if in Baltimore, Give Street and Number.} 423 N. Spring St

Duration of Residence in Baltimore. 30 yrs B95764

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1867

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): St. Mary's Co Md

FULL NAME OF FATHER: Joseph Campbell

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Anne Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Dent

(Address) 423 N. Spring st

Filed 11/30 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 — 1906

I HEREBY CERTIFY, That I attended deceased from April 10 — 1906 to Nov 29 — 1906 that I last saw h.. alive on Nov 29 — 1906 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart disease (mitral)

about 2 yrs (DURATION) DAYS

Con'ributory (Primary) Shock bone surgical treatment (Uterine Fibroid) (DURATION) 4 DAYS

(Signed) W. J. Hamlin M.D.

Address 1374 Druid Hill

Date Nov 30 1906

Place of Burial Laurel Cemetery

Date Dec 3rd 1906

Undertaker Chas. G. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1129 N. Gilmor St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jacob Liker

{ Residence, if in Baltimore, Give Street and Number. } 1129 N Gilmor St

Duration of Residence in Baltimore. Fifty Years 895765

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov. 23rd 1832

AGE: 74 years, 00 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Victoria Liker.

(Address) 1129 N. Gilmor St.

Filed 11/30 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 28th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

From years (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Lex. Ave (Comm)

Date Nov. 28th 1906

Place of Burial Loudon Park

Date Nov 30 1906

Undertaker Lewis F. Schaefer

Address 316 Fremont Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 Warren Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Jane Stanton

{Residence, if in Baltimore, Give Street and Number.} 319 Warren Ave.

Duration of Residence in Baltimore. 1 week. B95766

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH November 11 1818

AGE 88 years, ... months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Wd.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Rob. J. Sanford.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Sarah J. Sanford.

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldkoenig M. D.

(Address) 603 S. Sharp St.

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30 1906.

I HEREBY CERTIFY, That I attended deceased from Nov 29 1906 to Nov 29 1906 that I last saw her alive on Nov 29 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Senile

(DURATION) DAYS

Contributory (Primary.) Pneumonia.

(DURATION) DAYS

(Signed) C. Waldkoenig M.D.

Address 603. S. Sharp St.

Date Nov. 30 1906.

Place of Burial Kilmarnock Hanover. Va.

Date Dec. 2nd 1906

Undertaker John. J. Hafey.

Address 1253 William ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

95764

CERTIFICATE OF DEATH.

13

(Place of Death.) No. 825 Leadenhall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence O. Brooks

{Residence, if in Baltimore, Give Street and Number.} 825 Leadenhall St

Duration of Residence in Baltimore. Life

B95767

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colord

DATE OF BIRTH: 1

AGE: ..... years, 9 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Brooks

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Callom

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Brooks

(Address) 825 Leadenhall st

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 28 1906 to Nov 30 1906 that I last saw him alive on Nov 29 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Lobar Pneumonia

(DURATION) DAYS

(Signed) H S M Caul M.D.

Address 136 w Hill St

Date Nov 30 1906

Place of Burial mont albank

Date nov 31 1906

Undertaker J. L. Brownson

Address 108 w montgomery st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 Infants Infant Asylum — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maurice Anthony Foley

{ Residence, if in Baltimore, Give Street and Number. } St. V. Infant Asylum

Duration of Residence in Baltimore. Lifetime B95768

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Nov. 12 1906
AGE	..... years, ... months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 11/30 1906 HARRY C. ANDREWS, CIRCUIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 28 1906

that I last saw h[illegible] alive on " 1906,

and that death occurred, on the date stated above, at 4

P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malformation of Heart

(DURATION) 5 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fiske M.D.

Address 9. E. Biddle St.

Date Nov 29 1906

Place of Burial New Cathedral

Date Nov. 30th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 51

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Smith

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Inft. Asy.

Duration of Residence in Baltimore. Lifetime

B95769

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Oct 28th 1906

AGE: ..... years, 1 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 11/30 1906 MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 28th 1906

I HEREBY CERTIFY, That I attended deceased, from Nov 4th 1906 to Nov 27th 1906

that I last saw h.. alive on " 1906,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Malnutrition

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fuiks M.D.

Address 9. E. Biddle St.

Date Nov 29th 1906

Place of Burial New Cathedral

Date Nov. 30th 1906

Undertaker Martin Fahey & Sons

Address 1062 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gabriel F. Roberts

{ Residence, if in Baltimore, Give Street and Number. } St. Vincents Infant Asy

Duration of Residence in Baltimore. Lefetime B95770

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Nov. 4th. 1906
AGE	..... years, ... months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown.
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 11/30 1906 HARRY C. MATHEWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 28th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7th 1906 to Nov 28th 1906

that I last saw h.. alive on ..11.. 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Malnutrition

(DURATION) 20 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fowler M.D.

Address 9. E. Biddle St

Date Nov. 29th 1906

Place of Burial New Cathedral

Date Nov. 30th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Kiernan

{Residence, if in Baltimore, Give Street and Number.} St. Vincents' Infant Asy.

Duration of Residence in Baltimore. Lifetime B95771

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W
DATE OF BIRTH	Sept. 28 1906
AGE	years, 2 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Nov 28th 1906

that I last saw h alive on " 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Malnutrition

(DURATION) 28 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St.

Date Nov 29 1906

Place of Burial New Cathedral

Date Nov 30th 1906

Undertaker Warton Yahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. S. Louden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adelaide Rullmann

{Residence, if in Baltimore, Give Street and Number.} S Louden Ave

Duration of Residence in Baltimore. —

B 95722

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adalade Drury

(Address) S. Louden Ave

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h — alive on — 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Cerebro spinal Meningitis

Compression of Knee

Contusions from accidental fall

down steps

Contributory (Primary.) (DURATION) DAYS

(DURATION) DAYS

(Signed) Thomas Jones M.D.

Coroners Md

Address

Date Nov 29 1906

Place of Burial Annapolis Md

Date Dec 1 1906

Undertaker Wenlock

Address 1026 North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 847 Woodward St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E Harman

{Residence, if in Baltimore, Give Street and Number.} 841 Woodward Pl.

Duration of Residence in Baltimore. 49 Years 395723

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 50 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) N. Y.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Bell Harman

(Address) 841 Woodward St

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1904 to Nov 28 1906

that I last saw h alive on Nov 28 1906,

and that death occurred, on the date stated above, at 11 23 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gastric Carcinoma

2 years (DURATION) DAYS

Contributory (Primary.) asthenia

(DURATION) 1 DAYS.

(Signed) Jos. E. Muse M.D.

Address 855 Columbia ave

Date Nov 28 1906

Place of Burial Western

Date ~~Nov~~ Dec 1 1906.

Undertaker Wm Cook

Address 502 E Hartford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Baltimore.

Ward ..... 95774 Registered No. B 95774

CERTIFICATE OF DEATH.

(Place of Death.) No. Wa. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John B. Scott

{ Residence, if in Baltimore, Give Street and Number. } 1230 Wall st

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: —— 1.....

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: ——

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): ——

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 29 1906

I HEREBY CERTIFY, That I attended deceased from

.....90..... to .....190.....

that I last saw h.....alive on .....190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate

Fractured Skull

(DURATION) 0h

Contributory (Primary.) accidental

fall (DURATION) .....

(Signed) Hugh Baldwin

Dep. Asst. Coroner

29th

Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the duty of the Physician who attended during his or her last sickness, or the Coroner, when to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether deceased, and the **cause and date of death**.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95775

City of Baltimore, (No. 1611, N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Susan Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July (Month) 4 (Day) 1843 (Year)

AGE: 63 years, 4 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Carroll Co. Md.

FULL NAME OF FATHER: John Beard

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Margaret Baker

BIRTHPLACE OF MOTHER (State or country): Carroll Co. Md.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rebecca ~~A Brown~~ Fry.

(Address) 1611 N. Carey St.

Filed 11/30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 16th 1906 to Nov. 30th 1906

that I last saw her alive on Nov 29 1906,

and that death occurred, on the date stated above, at 5 14 A. M. The CAUSE OF DEATH was as follows:

Cancer of uterus with
Metastatic cancer of stomach
over a year (DURATION) DAYS

Contributory Hemorrhage
Weakness (DURATION) 4 DAYS

(Signed) E. C. Smith M. D.

Nov. 30 1906 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? V Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Stone Chapel | DATE OF BURIAL: Dec 2 1906

UNDERTAKER: Wm Cook | ADDRESS: 503 E North Ave

Attended for one year by Dr D. A. Malcom
917 Madison Ave.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 St. Calhoun St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary E. Edmonds

{ Residence, if in Baltimore, Give Street and Number. } 1125 St. Calhoun St

Duration of Residence in Baltimore. Life

B 95776

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Nov. 26 th 1904	
AGE: — years, — months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Edward Simmonds	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary Leigh	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Simmonds

(Address) 1125 St. Calhoun St.

Filed 11/30 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at .....

..M. CAUSE OF DEATH (Secondary or Immediate

Congenital Debility

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Allan Baxter M.D.

Address Two Log. av. (Canton)

Date Nov. 30 th 1906

Place of Burial Mt. Auburn

Date November 30 1906

Undertaker Wm. L. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 639 Vine St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Warfield

{Residence, if in Baltimore, Give Street and Number.} 639 Vine St

Duration of Residence in Baltimore. Life

B95777

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: C

DATE OF BIRTH: 1

AGE: 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Morgue

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 21 1906

I HEREBY CERTIFY, That I attended deceased from an Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Anemia

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette ave

Date Nov 29 1906

Place of Burial

Date NOV 30 1906 190

Undertaker

Address Health Department

UNIVERSITY OF MARYLAND
Commissioner Health,
FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

B95778

(Place of Death.) No. 1010 Compton St St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Geo W Kipp

{Residence, if in Baltimore, Give Street and Number.} 1010 Compton St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	White
DATE OF BIRTH	March 1st 1872
AGE	34 years, 8 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto md
FULL NAME OF FATHER	J. F. Kipp
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Annie M Kennell
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Kipp.

(Address) 1010 Compton St

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1906 to Nov 29th 1906

that I last saw him alive on Nov 28th 1906

and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

1 Month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J C Donnell M.D.

Address 1340 S Charles

Date Nov 30th 1906

Place of Burial Loudon Park

Date ~~Nov~~ Dec 1st 1906

Undertaker William Coop

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 548 St Mary St (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Lennie Hillis

{Residence, if in Baltimore, Give Street and Number.} aborn B95779

Duration of Residence in Baltimore. 5 years B95779

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR Colored.

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Hillis

(Address) 548 St Mary St

Filed 11/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Nov 29 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure following Diarrhoea

(DURATION) 14 DAYS

Con'ributory (Primary)

(DURATION) DAYS

(Signed) J. D. Johnston Coroner M.D.

Address 211 N. Lanvale St

Date Nov 29th 1906

Place of Burial Mt Auburn Cemetery

Date December 1st 1906

Undertaker Felix O'Pye

Address 1026 Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Monastery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Brother Raymond Rode

{ Residence, if in Baltimore, Give Street and Number. } St Joseph's Monastery

Duration of Residence in Baltimore. Life

B95780

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Feb — 13 1872
AGE	34 years, 9 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Raymond Rode
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Ann Dougherty
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev Felix Ward

Address St Joseph's Monastery

Filed 12/1 1906

HENRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 29 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1904 to Nov. 29 1906 that I last saw him alive on Nov. 28 1906 and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis, with Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno T. Ducey M.D.

Address 1033. Edmondson Ave

Date November 30 1906

Place of Burial New Cathedral

Date Dec 1 — 1906

Undertaker Crowley's Broad

Address 1505 N. Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95781

City of Baltimore, (No. 1137, E Lombard St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Immor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June (Month) 10 (Day) 1832 (Year)

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Immor

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ernestine Milage

(Address) 1579 Covington St

Filed 12/1 190 6 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 4 1906 to Nov 29 1906 that I last saw h[illegible] alive on Nov 28 1906, and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Chronic nephritis

(DURATION) 1 year

Contributory ..... (DURATION) ..... DAYS

(Signed) J. H. Cushman M. D.

Nov 29 1906 (Address) 1303 Light St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 2 1906

UNDERTAKER: Adam Fink & Son

ADDRESS: 915 N Gay St

CERTIFICATE OF DEATH.

107

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Hilldebrand

{Residence, if in Baltimore, Give Street and Number.} 425 N. Pine St Balto

Duration of Residence in Baltimore. 19 yrs B95782

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR B

DATE OF BIRTH 1877

AGE 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Charles Banks.

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Elizabeth Holmes

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Banks

(Address) 425 N. Pine St.

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 23 1906 to Nov 30 1906

that I last saw h alive on Nov 29 1906,

and that death occurred, on the date stated above, at 3 A M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonic Congestion

(DURATION) DAYS

Contributory (Primary.) Pulmonary

Inflammation (DURATION) DAYS

(Signed) Fred W Dawes M.D.

Address City Hospital

Date Nov 30 1906

Place of Burial Mt Pisgah Cemetery

Date Dec 2 1906

Undertaker Felix B Rye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

116

(Place of Death.) No: John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vincent Kobylinski

{ Residence, if in Baltimore, Give Street and Number. } 1733 Canton Av

Duration of Residence in Baltimore. 8 months B 95 783

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH ..... 1 .....

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Anthony Kobylinski

BIRTHPLACE OF FATHER (State or country) Poland.

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosal Kobylinski

(Address) 1733 Canton Av

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 1020 a. m. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis

due to bodily decay

accidentally ..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Eugene Cullen M.D.

Address Coroners Office

Date Dec 1 - 06 190

Place of Burial Holy Rosary

Date Dec 1 06 190 C

Undertaker Jacob Fialkowski

Address 428 E Bond Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95784 Registered No. B 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Elm Place St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Wm Andrew Smith.

{ Residence, if in Baltimore, Give Street and Number. } 915 Elm Pl.

Duration of Residence in Baltimore. Life B95784

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: June 3 1905

AGE: 1 years, 5 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Lewis A Smith

BIRTHPLACE OF FATHER (State or country): Anne Arundel Co

MAIDEN NAME OF MOTHER: Edith Harrison

BIRTHPLACE OF MOTHER (State or country): Prince Georges Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewis A Smith

(Address) 915 Elm Pl.

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 27 1906 to Nov 30 1906

that I last saw her alive on Nov 30 1906.

and that death occurred, on the date stated above, at 5-45 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchs Pneumonia

(DURATION) 3 DAYS

Con'ributory (Primary.) Asthenia (DURATION) 1 DAYS

(Signed) T. E Daugherty M.D.

Address 2506 Bond Av

Date Balto Nov 30 1906

Place of Burial Mt Auburn

Date Dec 1. 2d 1906

Undertaker Alex Hennsberg

Address 578 W. Biddle, 2d

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

104

(Place of Death.) No. 836 Saratoga St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eleanor Scott

{Residence, if in Baltimore, Give Street and Number.} 836 Saratoga

Duration of Residence in Baltimore. —

B95785

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR C

DATE OF BIRTH 1

AGE 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Saml Brooks

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj Scott

(Address) 836 Saratoga St

Filed 12/1 1906

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

Jan minute (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette

Date Nov 30 1906

Place of Burial Mt Auburn

Date Dec 2 1906

Undertaker Alex Hemsley

Address 578 W Biddle 28

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95786

Registered No. B

City of Baltimore, (No. 1806, Oakley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth D Ripley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	9 (Month) 15 (Day) 1848 (Year)
AGE	58 years, 1 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	John Thomas
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	England
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) William Thomas

(Address) 1806 Oakley St

Filed 12/1 1906

MARY C. MEWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Dec 30th 1906 that I last saw her alive on Dec 22nd 1906, and that death occurred, on the date stated above, at 8 A M. The CAUSE OF DEATH was as follows:

Organic Disease of Heart.
Gangrene of both feet

9 Mos (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Chas H. Ripley M. D.

Dec 30 1906 (Address) 1113 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 3 1906
UNDERTAKER	ADDRESS
Josiah Syfer	1600 N North Ave

WM. J. C. DULANY CO., BALTIMORE

4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95787

City of Baltimore, (No. 26, Stoffard St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elbert J Walston

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	November 28 1906 (Month) (Day) (Year)
AGE	— years, — months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Woodland Walston
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Grace McDowell
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Woodland Walston

(Address) 26 Stoffard St

Filed 12/1 1906 HARRY C. ANDREWS Registrar
PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 23 1906 to Dec 1 1906

that I last saw h— alive on Nov 30 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Congenital Atelectasis

(DURATION) 8 DAYS

Contributory Prematurity (DURATION) DAYS

(Signed) Howard W Jones M. D.

Dec 1 1906 (Address) Irvington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Dec: 1, 1906
UNDERTAKER	ADDRESS
C. W. Dill	810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95788

City of Baltimore, (No. 1103, Lorman Alley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Georgana Morgan,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown (Month) (Day) (Year)

AGE: 41 years, (mos or Less) months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Annapolis Md.

FULL NAME OF FATHER: Chas Hunt,

BIRTHPLACE OF FATHER (State or country): Annapolis Md,

MAIDEN NAME OF MOTHER: Georgana Hunt,

BIRTHPLACE OF MOTHER (State or country): Annapolis Md,

OCCUPATION OF DECEASED, Genl House Work,

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Morgan

(Address) 1103 Lormans alley

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1906 to Nov. 28th 1906

that I last saw her alive on Nov. 27th 1906,

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Acute Uremia,

(DURATION) 2 DAYS

Contributory Uremic Toxemia,

(DURATION) 2 DAYS

(Signed) W. Buderus M.D.

Nov. 28 1906 (Address) 917 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Dec 2 1906

UNDERTAKER: George H Hooper — ADDRESS: 60 E Little Pratt

WM. J. C. DULANY CO., BALTIMORE.

4

Extracts from Regulations of the Board of Health to secure a full and correct record of Vi

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall d
the Physician who attended during his or her last sickness, or the Coroner, when the case c
twenty-four hours after death, to the Undertaker, or other person superintending the burial, a c
can be ascertained, the full name, sex, age, condition (whether married or single) of the person d

of Vital Statistics in the City of Baltimore.

shall die in the said city it shall be the duty of
case comes under his notice, to furnish within
ial, a certificate setting forth, as far as the same
rson deceased, and the cause and date of death.

Ward 1 D — Registered No. B95789

4

CERTIFICATE OF DEATH.

(Place of Death.) No. 2625 Bernard St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John A Jones

{Residence, if in Baltimore, Give Street and Number.} 2625 Bernard St

Duration of Residence in Baltimore. 1 Yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 22 1902

AGE: 4 years, ... months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John H Jones

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Laura C Stolfus

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Jones

(Address) 2625 Bernard St

Filed 12/1 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 27 1906 to Nov 30 1906

that I last saw h in alive on Nov 30th 1906,

and that death occurred, on the date stated above, at 1 a. m. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup

Asphixia

(DURATION) 1 DAYS

Con'tributory (Primary.) Simple Cold

(DURATION) 4 DAYS

(Signed) Wm H Fedeman M.D.

Address 800 1st Ave

Date Nov 30th 1906

Place of Burial St Mary's

Date Dec 1 1906

Undertaker H J Marshall

Address 3539 Falls Road

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Leonard N. Bryan.

{Residence, if in Baltimore, Give Street and Number.} 1721 Hollins St.

Duration of Residence in Baltimore. 32 yrs. B95790

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 32 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Edw Bryan

BIRTHPLACE OF FATHER (State or country) Queen Anns Co Md.

MAIDEN NAME OF MOTHER Mary E. Moore

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED Insurance Agt

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Bryan

(Address) 42 W Mulberry St

Filed 12/12 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 3d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 30 1906

that I last saw h~~im~~ alive on Nov 30 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Dilitation of Heart.

5 min. (DURATION) DAYS

Contributory (Primary.)

Appendicitis (DURATION) 30 DAYS

(Signed) N. N. Hershner M.D.

Address St. Josephs Hospital

Date Nov 30 1906

Place of Burial Greenmount

Date 12/3/06 190

Undertaker William J Schilling

Address 9 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2740 Bernard street. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard H. Beach

{Residence, if in Baltimore, Give Street and Number.} 2740 Bernard st. B95791

Duration of Residence in Baltimore. Thirteen Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 18 th 1847

AGE 58 years, 11 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Well digger.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Beach

(Address) 2710 Bernard st

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1906 ~~190~~

I HEREBY CERTIFY, That I attended deceased from Nov 29 1906 to Nov 29 1906

that I last saw him alive on Nov 29 1906,

and that death occurred, on the date stated above, at 10.40 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 1 DAYS

Contributory (Primary) Uraemia due to Bright's disease (DURATION) 2 months 2 DAYS

(Signed) G B Marden M.D.

Address 2710 Huntingdon Ave

Date Baltimore Nov 30 1906

Place of Burial St Mary's Hampden

Date December 2nd 1906.

Undertaker Wm E. Chenowith

Address 919 Third Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 Wyeth St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Corrie

{Residence, if in Baltimore, Give Street and Number.} 519 Wyeth St.

Duration of Residence in Baltimore. Life 1395792

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 2 1906

AGE: ..... years, 7 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: [illegible]

BIRTHPLACE (State or country): Baltimore M.D.

FULL NAME OF FATHER: John Corrie Sr

BIRTHPLACE OF FATHER (State or country): Dundee Scotland

MAIDEN NAME OF MOTHER: Clara S. Hopkins

BIRTHPLACE OF MOTHER (State or country): Baltimore M D

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Clara Corrie

(Address) 519 Wyeth St

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Nov. 30, 1906 that I last saw h[illegible]alive on Nov. 30, 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 5 DAYS

Contributory (Primary.) Gastro-enteritis

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave

Date Nov. 30, 1906

Place of Burial Baltimore

Date Dec. 2 1906

Undertaker J. B. Cook

Address 503 N. Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 707 W Pratt St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel A Hilton

{ Residence, if in Baltimore, Give Street and Number. } 1005 Edmondson

Duration of Residence in Baltimore. 25 yrs

B95 723

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	April 9 1854
AGE	52 years, 7 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	U. S.
FULL NAME OF FATHER	Jas B Hilton
BIRTHPLACE OF FATHER (State or country)	Maine
MAIDEN NAME OF MOTHER	Rebecca D Armania
BIRTHPLACE OF MOTHER (State or country)	West Indies Isl.
OCCUPATION OF DECEASED	Feed Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie E. Hilton

(Address) 1005 Edmondson Ave

Filed 12/1 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Suffocation by Gas Leak Accident Instant (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette

Date Dec 1- 1906.

Place of Burial London Park Cem

Date Dec 2 1906

Undertaker Jas E Cook

Address 1513 N Bal St

WM. J. C. DULANY CO., BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95794

City of Baltimore, (No. 1820 Canton Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Ellen Fortner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Mar (Month) (Day) 1850 Year)

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Nathan Fortner

(Address) 1820 Canton Ave

Filed 12/1 1906 HARRY O. ANDREWS? PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 1906 to Nov 30 1906

that I last saw h[e] alive on Nov. 30 1906,

and that death occurred, on the date stated above, at about 3.30 P.M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

Several months

(DURATION) ... DAYS

Contributory Uraemia

(DURATION) 7 DAYS

(Signed) Danl J. Smith M. D.

Nov. 30 1906 (Address) 1126 Collington Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence for 30 years

How long at Place of Death? 7 Days at Good Samaritan Hospital

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Oak Lawn

DATE OF BURIAL: Dec 3 1906

UNDERTAKER: H Nicolaus & Son

ADDRESS: 1820 Canton Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH

(Place of Death.) No. 1402 Jefferson St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name John W. Jackson

{Residence, if in Baltimore, Give Street and Number.} 1402 Jefferson St.

Duration of Residence in Baltimore. B95795

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Col

DATE OF BIRTH 1

AGE 80 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore White

(Address) 1700 South St

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 29th Nov. 1906.

I HEREBY CERTIFY, That I attended deceased from 28/11 1906 to — 190—

that I last saw him alive on 28/11 06,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

about 2 (DURATION) DAYS

Contributory (Primary) Failure of respiration (DURATION) DAYS

(Signed) E. Ly. Boyle M.D.

Address 1418 Jefferson St.

Date 1st December 1906.

Place of Burial Laurel County

Date dec 2 1906

Undertaker Theodore White

Address 1702 South St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 202 N. Amm St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Horsey

{ Residence, if in Baltimore, Give Street and Number. } 202 N. Amm St

Duration of Residence in Baltimore. 30 years B95796

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 46 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER John W Horsey

BIRTHPLACE OF FATHER (State or country) ~

MAIDEN NAME OF MOTHER ~

BIRTHPLACE OF MOTHER (State or country) ~

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Horsey

(Address) 1607 E Lombard St

Filed 12/1/06 HARRY C. ARNOLD, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 11 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carlin M.D.

Address Coroners Office

Date Nov 30 - 06 1906

Place of Burial Laurel Cemetary

Date Dec 3 1906

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95797

City of Baltimore, (No. 1429, Bonnelly Lane St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pearl Armstrong

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: May 7 1905 (Month) (Day) (Year)

AGE: 1 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Harry Armstrong

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Ida Dowell

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ida Armstrong

(Address) 1429 Bonnelly Lane

Filed 12/1 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 30 1906. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1906 to Nov. 30 1906

that I last saw h alive on Nov 27 1906, and that death occurred, on the date stated above, at 3 30 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia (DURATION) 3 DAYS

Contributory Malaria Poisoning (DURATION) DAYS

(Signed) Fred Kunk M. D.

Nov 31 1906 (Address) 1610 E. Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetary — DATE OF BURIAL: Dec 3 1906

UNDERTAKER: John W Henderson — ADDRESS: 31 N Caroline St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Cody

{Residence, if in Baltimore, Give Street and Number.} 1812 Jackson st.

Duration of Residence in Baltimore. 24 yrs B95798

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Oct. 4 — 1863
AGE	43 years, 1 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	William Schmidt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Cody

(Address) 1812 Jackson st.

Filed 12/1 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29, 1906

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to 190

that I last saw h — alive on 190 —,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj S Hughes M.D.

Address 1216 E Caroline st

Date Nov 30 1906

Place of Burial Baltimore Cemetery

Date December 2nd 1906

Undertaker Daniel and Margaret Flynn

Address 42 East West Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Raymond Sims

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent Infant asy.

Duration of Residence in Baltimore. Lifetime B95799

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH	Apr. 6th 1906
AGE	6 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5 1906 to Nov 30 1906 that I last saw him alive on Nov. 30 1906 and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Gas Fro-enteritis (acute)

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline St

Date 11/30 1906

Place of Burial St. Peters Cem-

Date Dec 1st 190

Undertaker A. Lahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH

(Place of Death.) No. 3511 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Esther L. Ruby

{Residence, if in Baltimore, Give Street and Number.} 3511 Falls Road

Duration of Residence in Baltimore. Life B95800

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: May 18- 1901

AGE: 5 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: George F. Ruby

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie E. VanHorn

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. F. Ruby

(Address) 3511 Falls Road

Filed 12/1 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 29 1906 to Nov 30 1906

that I last saw h[er] alive on Nov 30 1906

and that death occurred, on the date stated above, at 8 P.M. CAUSE OF DEATH (Secondary or Immediate)

Scarlet Fever (DURATION) 6 DAYS

Contributory (Primary.)

unknown (DURATION) DAYS

(Signed) D. R. Nautz M.D.

Address 765- 3rd ave

Date December 1st 1906

Place of Burial Druid Ridge Cemetery

Date December 2- 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

Time extended by order of Com of Health 9 A.M.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

(Place of Death.) No. 1108 E. 20th St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. H. Wisotzkey

{Residence, if in Baltimore, Give Street and Number.} 1108 E 20th St

Duration of Residence in Baltimore. 4 mo B95801

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH May 1st 1841

AGE 65 years, 9 months, 11 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Pa

FULL NAME OF FATHER Wm Wisotzkey

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John Bramble

(Address) 1108 E 20th St.

Filed 12/1/1906 [illegible] Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1906

I HEREBY CERTIFY, That I attended deceased from .....1906..... to .....1906.....

that I last saw h..... alive on .....1906.....,

and that death occurred, on the date stated above, at 6 .....m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

Sudden

.....(DURATION).....DAYS

Contributory (Primary.) .....

.....(DURATION).....DAYS

(Signed) [illegible] M.D.

Address Coroner

Date Nov 30 - 06 1906

Place of Burial Gettysburg Pa

Date Dec 3rd 1906

Undertaker Bertram W Gore

Address 1723 W Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

Place of Death.) No. 1318 Argyle Ave St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harrison Eckert

{ Residence, if in Baltimore, Give Street and Number. } 1318 Argyle Ave

Duration of Residence in Baltimore. 24 years B95802

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Unknown 1840

AGE: 66 years, - months, - days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Jacob Eckert

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Dudderer

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arabelia Eckert

(Address) 1318 Argyle Ave

Filed 12/2 1906 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30 th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19th 1906 to Nov 29 1906

that I last saw him alive on Nov 29 1906

and that death occurred, on the date stated above, at 4:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

La Grippe

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. K. Jumper M.D.

Address 1415 Madison Ave.

Date Dec. 1 1906

Place of Burial Lorraine Chapel

Date Dec 2 1906

Undertaker M Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosa Badock

{Residence, if in Baltimore, Give Street and Number.} 226 N Bond St.

Duration of Residence in Baltimore. 9 yrs B95803

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 50 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Zendle Hyman

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Leah Louverthal

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hyman Badock

(Address) 226 N Bond st

Filed Dec 2 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

ASHER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Dec 1 1906

that I last saw h alive on Dec 1 1906,

and that death occurred, on the date stated above, at 3.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Pleurisy

(DURATION) DAYS

(Signed) Fred M Dawes M.D.

Address City Hospital

Date Dec 4 1906

Place of Burial Philips Rd Ben Run

Date Dec. 2, 1906

Undertaker Mat Levinson

Address 1135 Low st

WM. J. C. DULANY CO., BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95804

City of Baltimore, (No. 730 Mowington Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Samuel Baer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Poland

FULL NAME OF FATHER: ~~~~

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: ~~~~

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Baer

(Address) 730 Mowington

Filed Dec 2nd 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to November 30 1906

that I last saw h— alive on November 29 1906

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Arteriosclerosis, Chronic
interstitial nephritis

(DURATION) 17 years

Contributory Cerebral Hemorrhage

(DURATION) 3 days

(Signed) Julius Buchsbaum M. D.

Dec 1906 (Address) 7 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Lodge Rd Hebrew

DATE OF BURIAL: Dec 2nd 1906

UNDERTAKER: Hart & Goodheim

ADDRESS: 923 Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

✓

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William G. Reichert

{ Residence, if in Baltimore, Give Street and Number. } 1711 E. Lombard St.

Duration of Residence in Baltimore. Life time B95805

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: 1

AGE: 25 years, ... months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Reichert

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Elizabet. Geiger

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Reichart

(Address) 1711 E Lombard

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30 th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26th 1906 to Nov 30th 1906

that I last saw h... alive on Nov 30th 1906,

and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) DAYS

Contributory (Primary.) Rheumatism

whole life. (DURATION) DAYS

(Signed) J. Elsaka, M.D.

Address 111 S Broadway

Date Dec 1st 1906

Place of Burial Baltimore Cemetary

Date Dec 3 1906

Undertaker Wendell Dispelzdon

Address 330 S Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1837 E. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Monius

{Residence, if in Baltimore, Give Street and Number.} 1837 E Lombard St

Duration of Residence in Baltimore. 60

B95806

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1826

AGE 80 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Germanny

FULL NAME OF FATHER John Monius

BIRTHPLACE OF FATHER (State or country) Germanny

MAIDEN NAME OF MOTHER Margaret Geniberger

BIRTHPLACE OF MOTHER (State or country) Germanny

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Monius

(Address) 1837 E. Lombard St

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate.)

old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Sudler M.D.

Address 320 ½ Green St.

Date Dec 30 1906

Place of Burial Holy Redeemer

Date Dec 3 1906

Undertaker Wendell Disfuel & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

79

CERTIFICATE OF DEATH.

Registered No. B 95807

City of Baltimore, (No. 602 W. Gilmore St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret S. O'Ferrall.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Sept. 25, 1835 (Month) (Day) (Year)
AGE	71 years, 2 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow.
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	Hugh Stableton
BIRTHPLACE OF FATHER (State or country)	England.
MAIDEN NAME OF MOTHER	Catherine O'Ferrall
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John O'Ferrall

(Address) 602 W. Gilmor St.

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Nov 30 1906

that I last saw h er alive on Nov 30 1906,

and that death occurred, on the date stated above, at 5.30 P. M. The CAUSE OF DEATH was as follows:

Insufficiency of cardiac valves with resulting general anasarca -

(DURATION) 14 DAYS

Contributory Senile debility

(DURATION) DAYS

(Signed) M B Reed M. D.

Dec 1 1906 (Address) 608 W. Gilmor St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	Dec 3 1906
UNDERTAKER	ADDRESS
H. U. Mears & Son	105 W. Cath St

WM. J. C. DULANY CO., BALTIMORE.

4

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 95808 Registered No. B 95808

CERTIFICATE OF DEATH.

9

(Place of Death.) No. 741 N. Cross. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar W. Clark.

{ Residence, if in Baltimore, Give Street and Number. } 741 N. Cross St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 12th 1904

AGE 2 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER William H. Clark.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mary E. Glaser.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William H. Clark.

(Address) 741 N. Cross St.

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1st 1906

I HEREBY CERTIFY, That I attended deceased from November 28th 1906 to Dec 1st 1906 that I last saw h-- alive on Dec 1st 1906, and that death occurred, on the date stated above, at 12. noon

I. CAUSE OF DEATH (Secondary or Immediate)

Pseudo Membranous Croup

(DURATION) 3 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1½ DAYS

(Signed) H. J. Carrick M.D.

Address 1417 McCulloh St.

Date December 1st 1906

Place of Burial Loudon Park.

Date Dec. 2nd 1906

Undertaker Jer. Ingalsbe W. Teufel

Address 1211 Cor. Fayette & Freemont Sts

1 P.M.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 95809 — Registered No. B 95809 — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 733 Forrest st X St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jane Marshall X

{Residence, if in Baltimore, Give Street and Number.} 733 Forrest st X

Duration of Residence in Baltimore. X

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1827

AGE: 79 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm S McCullough

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: Emma Stilly

BIRTHPLACE OF MOTHER (State or country): Not known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) V. W. McCullough

(Address) 733 Forrest st

Filed 12/2 1906 HARRY C. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30th X 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Date 1906

that I last saw h alive on X 190

and that death occurred, on the date stated above, at 3-30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asthma

(DURATION) X DAYS

Con'tributory (Primary.) Senility

(DURATION) X DAYS

(Signed) Benj. S. Hanyburn M.D. Coroner

Address 216 N. Carolina st

Date Dec 1st 1906

Place of Burial Baltimore Cemetery

Date December 3rd 1906

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 95810 Registered No. B 95810

CERTIFICATE OF DEATH.

91

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Clara Thomas

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: Black
DATE OF BIRTH: unknown 1	
AGE: 85 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow	
BIRTHPLACE (State or country): Frederick Md.	
FULL NAME OF FATHER: John Lee	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER: Bessie Lee	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Housekeeper	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mcery

(Address) Preston & Valley str:

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec: 1st 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h Sr alive on Nov 25 190 6,

and that death occurred, on the date stated above, at 7.30 p. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

Several weeks (DURATION) DAYS

Contributory (Primary.) Debility of age (DURATION) DAYS

(Signed) F. A Warner M.D.

Address 1133 Valley st

Date Dec 2 1906

Place of Burial Holy Cross

Date Dec 2d 1906

Undertaker Henry C. Wiedefeld

Address 914 Greenmount av:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward [illegible] 95811 Registered No. B 95811

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 635 Madison (Waverly) St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Susanna V Jones

{Residence, if in Baltimore, Give Street and Number.} 635 Madison st (Waverly)

Duration of Residence in Baltimore. 8 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Mar 8 1828

AGE 78 years, [illegible] months, [illegible] days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Peter Herman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER [illegible]

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Reynolds N. Jones

(Address) 613 Independent st

Filed 12/2 1906

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1906

I HEREBY CERTIFY, That I attended deceased from Nov 28th 1906 to Dec 1st 1906 that I last saw her alive on Nov 30th 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cardiac asthenia

(DURATION) 3 DAYS

Contributory (Primary) Chronic Diffuse Bronchitis (DURATION) 90 DAYS

(Signed) Hamilton M. Brown M.D.

Address 603 Gilmor ave

Date Dec 1st 1906

Place of Burial Hickory Harford Co Md

Date DEC 4 1906 190

Undertaker Wm. O. Ely.

Address 900 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased from his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 95812 Registered No. B 95812

CERTIFICATE OF DEATH.

(Place of Death.) No. 1039 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Strouse

{Residence, if in Baltimore, Give Street and Number..} 1039 N Wolfe St

Duration of Residence in Baltimore. Not Known

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR White

DATE OF BIRTH 12 - 15 - 1866

AGE 40 years, — months, — days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widow

BIRTHPLACE (State or country) Not Known

FULL NAME OF FATHER Do not Know

BIRTHPLACE OF FATHER (State or country) do not Know

MAIDEN NAME OF MOTHER do not Know

BIRTHPLACE OF MOTHER (State or country) do not Know

OCCUPATION OF DECEASED House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Ahrens

(Address) 754 N Eutaw st

Filed 12/2 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate

Heart disease (Sudden)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Fredk L Camalier M.D.

Address Corner N Wolfe.

Date Nov 30 — 06. 190

Place of Burial Baltimore Cemetery

Date Dec 2/06 190

Undertaker Jacob Ahrens & Co

Address 754 Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

151

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95813

Registered No. B.....

City of Baltimore, (No. 222 N. Penn St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Arthur Goodwin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 15 (Day) 1906 (Year)

AGE: — years, 7 Weeks months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Arthur Goodwin

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Hattie Caufield

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hattie Goodwin

(Address) 650 Stephens St

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 17 1906 that I last saw him alive on Dec 9 1906, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Marasmus due to improper food

DURATION 30 DAYS

Contributory .....

DURATION ..... DAYS

(Signed) J. Ken Williams M. D.

Dec 1 1906 (Address) 701 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cem

DATE OF BURIAL: Dec 18 1906

UNDERTAKER: Adams & Co

ADDRESS: 701 W Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95814

City of Baltimore, (No. 658 Rabora St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Abel

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE About 25 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Do not know

FULL NAME OF FATHER " " "

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " " "

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 515 N. Eutaw St.

Filed 12/2 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10th 1906 to Nov 30th 1906

that I last saw h[illegible] alive on Nov 30 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis
Pulmonary Oedema
Asthenia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) John T. McCauley M. D.

Nov 30 1906 (Address) 656 W Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Druid Park | DATE OF BURIAL Dec 3 1906

UNDERTAKER J. Ahearn & Co | ADDRESS 514 N Eutaw St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 95815

City of Baltimore, (No. 1733, Patterson Pk Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florence Ollie Windsor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: May 15 (Month) (Day) 1879 (Year)

AGE: 27 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Robt Hill

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Augusta Rudiger

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Edgar Windsor.

(Address) 514 N. Broadway.

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 7th 1906 to Nov. 29th 1906 that I last saw her alive on Nov. 24th 1906, and that death occurred, on the date stated above, at 2.25 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 4 yrs.

Contributory

(DURATION) DAYS

(Signed) John Hough M. D.

Nov. 29 1906 (Address) 152 N. Monroe St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 514 Bdwy How long at Place of Death? 80 Days

Where was disease contracted, if not at place of death? Baltimore

PLACE OF BURIAL OR REMOVAL: Linden Park | DATE OF BURIAL: Dec 2 1906

UNDERTAKER: Robt J Timmes | ADDRESS: Mayfield

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 95816 Registered No. B 95816

CERTIFICATE OF DEATH.

(Place of Death.) No. 633 W Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Serio

{ Residence, if in Baltimore, Give Street and Number. } 633 W Saratoga

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 1 1890

AGE: 16 years, — months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto md

FULL NAME OF FATHER: G. Serio

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: S. maggio

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: L.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G Serio

(Address) 633 W Saratoga

Filed 12/2 1906 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11 — 30 1906

I HEREBY CERTIFY, That I attended deceased from 9 — 2 1906 to 11 — 30 1906 that I last saw h[illegible] alive on 11 — 30 1906, and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure from septic absorption from extensive gangrenous bed sore

(DURATION) 60 DAYS

Contributory (Primary.) Para plegia

(DURATION) 5 mo. DAYS

(Signed) S. D'Emarco M.D.

Address 1604 Linden Ave

Date 11 — 31 — 1906

Place of Burial New Cathedral

Date Dec 3 1906

Undertaker Robt J Turner

Address [illegible]

PUB. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

City [If de U... give "S...

SEX

DATE

AGE

SINGLE WIDOW

BIRTHP (State o

FULL N OF FA

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MAIDEN OF MOT

BIRTHP OF MOT (State o

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(Informa

Filed 12/2

Ward 1 95817 Registered No. B 95817

CERTIFICATE OF DEATH. 79

(Place of Death.) No. 1203, E. Federal St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary E A Connelly

{Residence, if in Baltimore, Give Street and Number.} 1203 E Federal

Duration of Residence in Baltimore. Life 1203 E Federal St

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 2 1861

AGE 45 years, ___ months, ___ days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md Balto.

FULL NAME OF FATHER Peter Connelly

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Gillen

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ___

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Connelly

(Address) 1203 E Federal St

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 29th 1906

I HEREBY CERTIFY, That I attended deceased from Apr 21st 1905 to Nov 29th 1906

that I last saw her alive on Nov 29th 1906,

and that death occurred, on the date stated above, at 6 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) ? 2 years DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date Nov 29th 1906

Place of Burial New Cathedral

Date Dec 3 1906

Undertaker Robt J Turner

Address Mayfalcon

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 95818 — Registered No. B 95818

42

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mrs. Sarah Spencer.

{Residence, if in Baltimore, Give Street and Number.} Tangier Island. Va

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Tangier Is. Va.

FULL NAME OF FATHER: Richard Corbett

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Maranda Crockett

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Spencer

(Address) Tangier

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 1 1906

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to Dec 1 1906 that I last saw h er alive on Dec 1 1906, and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia.

(DURATION) 4 hours

Contributory (Primary.) Carcinoma of uterus (DURATION) DAYS

(Signed) R. W Crawford M.D.

Address University Hospital

Date Dec 1st 1906

Place of Burial Tangier Island Va

Date Dec 2 1906

Undertaker J. Tim McCully

Address 39 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 — 95819 — Registered No. B 95819

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 520 E Cross St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Mc Namee

{Residence, if in Baltimore, Give Street and Number.} 520 E Cross St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 28 1899

AGE: 7 years, 8 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James Mc Namee

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Margaret Figlie

BIRTHPLACE OF MOTHER (State or country): Baltimor Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. Mc Namee mother

(Address) 520 E Cross St

Filed 12/2 190 6 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 30 190 6

I HEREBY CERTIFY, That I attended deceased from ~~.....~~ 190 ..... to ~~.....~~ 190 .....

that I last saw h ~~.....~~ alive on ~~.....~~ 190 .....

and that death occurred, on the date stated above, at 11.0[illegible]

1. M. CAUSE OF DEATH (Secondary or Immediate

Cremmond

(DURATION) ..... DAYS

Contributory (Primary.) Abuse

(DURATION) ..... DAYS

(Signed) H. Mustenhardt M.D.

Address Coroner

Date December 1 190 6

Place of Burial St Peters Cemetery

Date December 3rd 190 6.

Undertaker Daniel and Margaret Flynn

Address 42 E. West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 Registered No. B 81

CERTIFICATE OF DEATH.

(Place of Death.) No. 1400 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Latta

{Residence, if in Baltimore, Give Street and Number.} Aged Men's Home

Duration of Residence in Baltimore. 50 years 895820

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1 1819

AGE 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Jos. Latta

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Maria ——

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ship Joiner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. C. Somers Supt

(Address) 1400 W Lexington St

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1905 to Dec 1 1906

that I last saw h— alive on Dec 1 1906,

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Atheromatous Degeneration of Heart and Arteries

1 Mos (DURATION) DAYS

Contributory (Primary.) Asthenia

2 Mos (DURATION) DAYS

(Signed) W Monroe M.D.

Address 739 W Fayette St

Date Dec 1 1906

Place of Burial Balto County

Date Dec 3rd 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 95821 Registered No. B 95821

CERTIFICATE OF DEATH.

(Place of Death.) No. 125 Ensor str St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Daisy P. Pierce

{ Residence, if in Baltimore, Give Street and Number. } East Neck Island, Kent Co. Md.

Duration of Residence in Baltimore. 7 weeks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 17th 1890

AGE 16 years, 7 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Kent Co. Md.

FULL NAME OF FATHER James W. Pierce

BIRTHPLACE OF FATHER (State or country) Kent Co. Md.

MAIDEN NAME OF MOTHER Julia A. Goodman

BIRTHPLACE OF MOTHER (State or country) Kent Co.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James W. Pierce

(Address) Kent Co. Md.

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1906

I HEREBY CERTIFY, That I attended deceased from October 23rd 1906 to December 1st 1906

that I last saw her alive on Nov. 30th 1906

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal Hemmorhage

(DURATION) DAYS

Con'ributory (Primary.) Typhoid Fever

(DURATION) 5 weeks DAYS

(Signed) Hobbs E. A. Meyers M.D.

Address 1031 N. Caroline Str

Date Balto. Md. December 1st 1906.

Place of Burial Rock Hall. Kent Co Md

Date Dec 3 — 1906

Undertaker H. C. Windefeld

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

135

CERTIFICATE OF DEATH.

Registered No. B 95822

City of Baltimore, (No. 2231 E Federal St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella S. Dorman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: [illegible] (Month) [illegible] (Day) 1[illegible] Year)

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Havre de Grace

FULL NAME OF FATHER: Thomas P. Duke

BIRTHPLACE OF FATHER (State or country): Harford Co.

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles H. Dorman

(Address) 2232 E. Federal St.

Filed 12/2 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec 1st 1906

that I last saw h[illegible] alive on Dec 1st 1906,

and that death occurred, on the date stated above, at 3 [illegible] M. The CAUSE OF DEATH was as follows:

Post. Portum Hemorrhage

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Conrad Adams M.D.

Dec 1st 1906 (Address) 1419 E. Eager St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Havre De Grace Md — DATE OF BURIAL: Dec 3 1906

UNDERTAKER: J E Evans & Son — ADDRESS: 1428 E Chase St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 213 Myrtle Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Jones B95823

{Residence, if in Baltimore, Give Street and Number.} 213 Myrtle Ave

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 20. 1877

AGE: 29 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Isaiah Jones

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Hawkins

BIRTHPLACE OF MOTHER (State or country): Charles Co. Md.

OCCUPATION OF DECEASED: Porter in Diana Store

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel Jones

(Address) 213 Myrtle Ave

Filed 12/2/1906 HARRY O. ANDREWS, REGISTRAR. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30th 1906

I HEREBY CERTIFY, That I attended deceased from Mar 15 1906 to Nov 29th 1906

that I last saw h[illegible] alive on Nov 29th 1906,

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Hemorrhage

7 (DURATION) 4 DAYS

Contributory (Primary) Pulmonary Tuberculosis

(DURATION) DAYS

(Signed) M. A. Winters, M.D.

Address 18 Pearl St

Date Nov 30 1906

Place of Burial Laurel Cem

Date Dec 3 1906

Undertaker John N. Toudvine

Address 1142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 3824 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 772 Wea che St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bertha Freeland

{Residence, if in Baltimore, Give Street and Number.} 772 Weache St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Freeland

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliza Booze

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Bundy

(Address) 772 weache St

Filed 12/2/1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Nov 30 1906

that I last saw her alive on Nov 30 1906

and that death occurred, on the date stated above, at 7 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

about 2 weeks (DURATION) DAYS

Contributory (Primary) Pneumonia about 2 weeks (DURATION) DAYS

(Signed) C T Fenton M.D.

Address 745 Druid St

Date Dec 2nd 1906

Place of Burial Mt Auburn

Date Dec 3 1906

Undertaker John N. Treadwell

Address 142 Wolfe St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95825

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 718 S Luzerne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jacob Adam Wiest

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov (Month) 30 (Day) 1906 (Year)

AGE: — years, — months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Adam Wm Wiest

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Annie Krause

BIRTHPLACE OF MOTHER (State or country): Berlin Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A A Bundschuh MD

(Address) 328 S. Bway

Filed 12/2/1906 HARRY C. ANDREWS [PERMIT CLERK.] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 30 190 to Dec 2 190 6

that I last saw him alive on Dec 2 190 6,

and that death occurred, on the date stated above, at M. The CAUSE OF DEATH was as follows:

Congenital Debility

(DURATION) 2 Days

Contributory Premature Birth

(DURATION) DAYS

(Signed) A A Bundschuh M. D.

Dec 2 190 6 (Address) 328 S Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel City

DATE OF BURIAL: Decbr 2 1906

UNDERTAKER: Wm Nicolaus

ADDRESS: 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 95826 — Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1216 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Fahey

{Residence, if in Baltimore, Give Street and Number.} 1216 Clifton Place

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Unknown 1841

AGE: 65 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Martin Fahey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Fahey

(Address) 1216 Clifton Place

Filed 12/31 1906 HARRY C. ANDREWS PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov 30th 1906

I HEREBY CERTIFY, That I attended deceased from about Jan 1905 to Nov 30th 1906 that I last saw him alive on about 1st Dec 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Synecia

(DURATION) ..... DAYS

Contributory (Primary) Diabetes Mellitus and Carcinoma Testis (DURATION) about 600 DAYS

(Signed) [illegible] M.D.

Address 809 N Gaited St

Date Dec 1st 1906

Place of Burial St Mary's Seminary

Date Dec 3rd 1906

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

1906 / 15 / 1841

Ward 12 95827 Registered No. B 95827

CERTIFICATE OF DEATH.

(Place of Death.) No. 1612 Clifton St ~~St~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Purcell.

{ Residence, if in Baltimore, Give Street and Number. } 1612 Clifton St

Duration of Residence in Baltimore. 36 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH — 1 —

AGE 58 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Virginia

FULL NAME OF FATHER Benjamin F. Purcell.

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Margaret Templeman

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo C. Shannon

(Address) 1442 Preestman St

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2d 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Dec 2 1906

that I last saw her alive on Dec 1st 1906

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) — DAYS

Contributory (Primary.) Chronic Bronchitis (DURATION) 60 DAYS

(Signed) Geo C. Shannon M.D.

Address 1442 Preestman St

Date Dec. 2 1906

Place of Burial Mt Olivet Cemetery

Date Dec 4 1906

Undertaker J. Wesley Jackson & Son

Address 745 N. Gay St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95825 Registered No. D

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 Polk St Homestead City Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charlotte J. Richter

{Residence, if in Baltimore, Give Street and Number.} 15 Polk st Homestead

Duration of Residence in Baltimore. Lifetime B95828

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Exact date not known

AGE: 47 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore City Md

FULL NAME OF FATHER: Charles Schaub

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): - -

OCCUPATION OF DECEASED: Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lauana Richter

(Address) 15 Polk St Homestead

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: November 30 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1905 to November 30 1906

that I last saw h-- alive on Nov 30 1906

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes Mellitus

(18 months (DURATION) DAYS

Contributory (Primary) Diabetes Mellitus

18 month (DURATION) DAYS

(Signed) H. Young Westbrook M.D.

Address 237 Gorsuch avenue

Date December 2. 1906

Place of Burial Baltimore Cemetery

Date Dec. 3rd 1906

Undertaker Henry Stocks & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 95829 — Registered No. B 95829

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~Sarah Blake~~ Sarah Blake

{Residence, if in Baltimore, Give Street and Number.} Little Sisters of the Poor

Duration of Residence in Baltimore. Not known

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1834

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Lewis Blacke

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Sarah Banigan

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Cleary

(Address) Preston & Valley sts

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 1st 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h or alive on nov 29 1906,

and that death occurred, on the date stated above, at 5.10 a.m. CAUSE OF DEATH (Secondary or Immediate)

Chronic bronchitis

unknown (DURATION) DAYS

Contributory (Primary.)

Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 1 1906

Place of Burial Greenmount Cemetery

Date Dec. 3rd 1906

Undertaker Henry Hoelle & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95830 Registered No. B 95830

CERTIFICATE OF DEATH.

(Place of Death.) No. 1929 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Soritz

{ Residence, if in Baltimore, Give Street and Number. } 1929 E Chase St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Baltazer Eckert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Jennie Miller

(Address) 1929 E Chase St.

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1906 to Decem 1 1906 that I last saw h Ex alive on " 1906 and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Ascites

5 mo (DURATION) DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) 2 DAYS

(Signed) William F. Rysamek M.D.

Address 2008 Orleans St

Date 12/2/06 1906

Place of Burial Holy Redeemer Cemetery

Date Dec. 4 1906

Undertaker Henry Hoeckelheim

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 Registered No. B 95831

95831

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 12 Schell " Frankfurt Locust Pt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Mrs~~ Idie Musil

{ Residence, if in Baltimore, Give Street and Number. } 2 1/2 d.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Austria

FULL NAME OF FATHER Jos Musil

BIRTHPLACE OF FATHER (State or country) Austria

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Schumacher & Co

(Address) 6 S. Gay St

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 Dec 1906

I HEREBY CERTIFY, That I attended deceased from 12 Nov 2 Dec 1906 to 2 Dec 1906 that I last saw her alive on 2 Dec 1906, and that death occurred, on the date stated above, at 3 1/4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H Russell M.D.

Address 91 N " Frankfurt

Date 2 Dec 1906

Place of Burial 1st Evangelical Cem

Date Dec 3rd 1906

Undertaker H. Lander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 95832 — Registered No. B 95832

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Marshall St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant George Krauss / Addie Krauss

{ Residence, if in Baltimore, Give Street and Number. } 1434 Marshall

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Dec 1st 1906

AGE ..... years, ... months, 40 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Geo Krauss

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Annie Rathfeld

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Krauss

(Address) 1434 marshall st.

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1906

I HEREBY CERTIFY, That I attended deceased from 12/1 1906 to 12/2 1906 that I last saw h— alive on 12/2 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage
Diathesis

(DURATION) 48 hrs DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) L. J. Cunningham M.D.

Address 130 E Fort ave

Date Dec 2 1906

Place of Burial Baltimore

Date Dec 3d 1906

Undertaker Jos. Stuntebeck

Address 1318 Light st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 95833 Registered No. B 95833

CERTIFICATE OF DEATH.

(Place of Death.) No. 927 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jennie V. Boyden

{ Residence, if in Baltimore, Give Street and Number. } 927 Pierce St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

~~SEX~~ Color: African Am. | ~~COLOR~~ Sex: Female

DATE OF BIRTH: 15th Mch. 1841

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Perry Hornby

BIRTHPLACE OF FATHER (State or country): Montgomery Co.

MAIDEN NAME OF MOTHER: ~

BIRTHPLACE OF MOTHER (State or country): ~

OCCUPATION OF DECEASED: Janitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lunard

(Address) 453 Orchard

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 29th 1906 to Nov. 30 1906 that I last saw h[illegible] alive on Nov. 29 1906, and that death occurred, on the date stated above, at 8.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Nephritis

Some weeks (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date Nov. 30 1906

Place of Burial Mt Auburn

Date ~~Nov~~ Dec 3 1906

Undertaker Alex H Brindley

Address [illegible]

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95834

City of Baltimore, (No. 1322 W. Lombard St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph R. Eagle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: Sept 11 1834 (Month) (Day) (Year)

AGE: 72 years, 2 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Harpers Ferry W Va

FULL NAME OF FATHER: Wm Eagle

BIRTHPLACE OF FATHER (State or country): W Va.

MAIDEN NAME OF MOTHER: Mary Catherine Jenkins

BIRTHPLACE OF MOTHER (State or country): W Va.

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Eleanor R Eagle

(Address) 1322 W Lombard St.

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 8 1906 to Nov. 30 1906

that I last saw h[illegible] alive on Nov. 30 1906,

and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Primal debility

(DURATION) 1 yrs DAYS

Contributory —

(DURATION) — DAYS

(Signed) Lewis R Palmer M. D.

Dec. 1 1906 (Address) 1021 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cem. DATE OF BURIAL: Dec 3 1906

UNDERTAKER: Jos R Cook ADDRESS: 1003 W Baltimore St.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95835

City of Baltimore, (No. 60 S. Pulaski St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frieda Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 26th 1820
(Month) (Day) (Year)

AGE 81 years, 7 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Penna.

FULL NAME OF FATHER Stacey Kinsey

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Sarah —

BIRTHPLACE OF MOTHER (State or country) Penna.

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Olivia Mathews

(Address) 60 S. Pulaski

Filed 12/3 1906

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2nd 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1906 to Dec. 2nd 1906

that I last saw h Ex alive on Dec. 2nd 1906,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Senility

for two yrs.
(DURATION) DAYS

Contributory Arterio

(DURATION) DAYS

(Signed) R. A. Haynes M. D.

12/3rd 1906 (Address) 8 E. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 4 1906
UNDERTAKER	ADDRESS
Jos B Cook	1003 W Balto

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95836

City of Baltimore, (No. 108 Aisquith St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abe Fleigal

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	W
DATE OF BIRTH (Month) (Day) (Year)	Oct. 12 1906
AGE years, months, days	3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balt. Md.
FULL NAME OF FATHER	Isaac Fleigal.
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	Mary Stuckbach
BIRTHPLACE OF MOTHER (State or country)	Austria
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) I. Fliegel

(Address) 108 Aisquith st

Filed 12/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 11/25 1906 to 12/2 1906 that I last saw him alive on 12/2 1906, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 7 DAYS

Contributory Cardiac Asthenia

(DURATION) — DAYS

(Signed) S. C. Katz M. D.

12th 1906 (Address) 108 Aisquith St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Philips Rd Hoyadale	Dec 3 1906
UNDERTAKER	ADDRESS
Mof Levinson	1138 Lou t

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward I

95837

Registered No. B 95837.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Smith

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 65 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1818

AGE: 88 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Bavaria

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM

(Address)

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2d 1906

I HEREBY CERTIFY, That I attended deceased from July 25. 1906 to Dec. 2d. 1906 that I last saw her alive on Dec. 1. 1906, and that death occurred, on the date stated above, at 1.40 a.m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Liver,

(DURATION) Unknown

Contributory (Primary.) Senile Dementia

(DURATION) Last ~~DAYS~~

(Signed) D. J. O'Connell M.D.

Address Bay View Asylum

Date December 2d 1906

Place of Burial St Alphonsus Cemetery

Date Dec. 3. 06. 1906

Undertaker W. Maurice Rowlson

Address Greene & Saratoga Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, **sex, age, condition** (whether married or single) of the person deceased, and the cause and date of death.

Ward V 95838 Registered No. B 95838

CERTIFICATE OF DEATH.

(Place of Death.) No. #2045 E. Lombard St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles French

{Residence, if in Baltimore, Give Street and Number.} #2045 E. Lombard St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 13th 1821
AGE	85 years, 6 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Chas. French
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine Green

(Address) 2045 E. Lombard St.

Filed 12/3 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1906

I HEREBY CERTIFY, That I attended deceased from Nov 16th 1906 to Nov 30th 1906

that I last saw him alive on Nov 30th 1906

and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Congestion (Oedema) of Lungs

(DURATION) 5 DAYS

Con'tributory (Primary.) Chronic Interstitial Nephritis (DURATION) — DAYS

(Signed) H. E. Lacroix M.D.

Address 2040 E Pratt St

Date December 1st 1906

Place of Burial Baltimore Cemetery

Date 12/3/06 1906

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95839

City of Baltimore, (No. [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] 532 N. Mount St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Infant of Vernon and Gracie Nugent

FULL NAME ~~No Name~~

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH November 2nd 1906 (Month) (Day) (Year)

AGE Four weeks - or ~ years, one months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~~

BIRTHPLACE (State or country) #532 N. Mount St.

FULL NAME OF FATHER Vernon Nugent

BIRTHPLACE OF FATHER (State or country) Norfolk Va

MAIDEN NAME OF MOTHER Gracie Derby

BIRTHPLACE OF MOTHER (State or country) Balto city Md

OCCUPATION OF DECEASED Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C. Bailey

(Address) 532 N. Mount

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2nd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1906 to Dec 1st 1906 that I last saw him alive on Dec 1st 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Indigestion - Diarrhea and finally acute enteritis.

From almost its birth (DURATION) at least 24 DAYS

Contributory Artificial feeding.

From birth to death (DURATION) ~ DAYS

(Signed) J. Ridgely Hammond M. D.

Dec. 2nd 1906 (Address) 502 N. Carey St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ~~~ How long at Place of Death? ~~~ Days

Where was disease contracted, if not at place of death? ~~~

PLACE OF BURIAL OR REMOVAL Mt Olivet | DATE OF BURIAL Dec 3 1906

UNDERTAKER Geo J Smith & Co | ADDRESS 1500 W. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 95840 Registered No. B

CERTIFICATE OF DEATH.

104 2

(Place of Death.) No. 1702 Division St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Jessie P. and Blanch Gain

{Residence, if in Baltimore, Give Street and Number.} 1702 Division St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Aug. 31 st 1906

AGE: — years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Jessie P Gains

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Blanch Smith

BIRTHPLACE OF MOTHER (State or country): Balt

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Blanch Smith C,

(Address) 1633 Division St

Filed 12/3 1906 CHARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....11. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) 1 DAYS

Contributory (Primary.)

acute indigestion (DURATION) DAYS

(Signed) Lilian Baldwin M.D.

Address 700 Laf. av. (County)

Date Dec. 3rd 1906

Place of Burial Mt Auburn

Date Dec 4th 06 190..

Undertaker Edgar Wood & Wright

Address 1364 Cooper St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [illegible] Registered No. B [illegible]

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 26 Jackson st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel O. Bevans

{Residence, if in Baltimore, Give Street and Number.} 26 Jackson st (Homestead)

Duration of Residence in Baltimore. Life B95841

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 2d 1906

AGE: —— years, —— months, 6 hours days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ——

BIRTHPLACE (State or country): Balto and.

FULL NAME OF FATHER: Samuel O. Bevans

BIRTHPLACE OF FATHER (State or country): Balto County, Md.

MAIDEN NAME OF MOTHER: Christianna Schlosser

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel O. Bevans

(Address) 26 Jackson st

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 2d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 2d 1906 to Nov 2d 1906 that I last saw h[illegible] alive on Nov 2d 1906 and that death occurred, on the date stated above, at 6

I. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth at seven Months.

—— (DURATION) —— DAYS

Contributory (Primary.)

—— (DURATION) —— DAYS

(Signed) Hamilton O. Brown M.D.

Address 663 Gorsuch ave

Date Nov 3rd 1906

Place of Burial Baltimore Cemetery

Date December 3rd 1906

Undertaker George Schilling & Sons

Address Ashland Square

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B95842

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 262 W. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sarah Jane Reese

{Residence, if in Baltimore, Give Street and Number.} 262 W. Hoffman st

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Oct 3 1820

AGE: 86 years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Loudon Co. Va.

FULL NAME OF FATHER: David Janney

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elizabeth Moore

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Cornelia D. Reese

(Address) 262 W. Hoffman

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 2nd 1906

I HEREBY CERTIFY, That I attended deceased from for several years 190 to 190

that I last saw her alive on Dec 1. 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Old Age

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Shearer M.D.

Address 1030 W Franklin St

Date Dec 3rd 1906

Place of Burial Friends Burying Ground

Date December 4th 1906

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Dr Thos Shearer Jr

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. Church Home Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Lockwood Porter

{Residence, if in Baltimore, Give Street and Number.} 1761 Q St N W Washington D.C.

Duration of Residence in Baltimore. Five Weeks B95843

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 15th 1869

AGE: 37 years, 10 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Illinois

FULL NAME OF FATHER: Charles W Porter

BIRTHPLACE OF FATHER (State or country): Maine

MAIDEN NAME OF MOTHER: Susan Lockwood

BIRTHPLACE OF MOTHER (State or country): Illinois

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary K. Porter

(Address) 1207 R.I. Ave Washington D.C.

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 2 1906

I HEREBY CERTIFY, That I attended deceased from October 24 1906 to Dec. 2 1906 that I last saw her alive on Dec. 1. 1906 and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculous Meningitis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) ..... M.D.

Address William S Baer

Date December 2nd 1906.

Place of Burial London Park Cemetery

Date December 4th 1906

Undertaker Stewart & Mowbray Co

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 95844

95844

CERTIFICATE OF DEATH.

(Place of Death.) No. 6 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wilson Gardner

{ Residence, if in Baltimore, Give Street and Number. } 6 W. Preston St

Duration of Residence in Baltimore. Two months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1832

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~: Widowed

BIRTHPLACE (State or country): Ohio

FULL NAME OF FATHER: William Gardiner

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Wm S. Gardner

(Address) 6 W. Preston St

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 1st 1906

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to Dec 1st 1906 that I last saw him alive on Dec 1st 1906, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 4 hours

Contributory (Primary.) None

(DURATION) DAYS

(Signed) Wm J. Watson M.D.

Address 5 W Preston

Date Dec 2nd 1906

Place of Burial Druid Ridge

Date December 4th 1906

Undertaker Wm H. Gauthrel

Address 901 W. North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95845

City of Baltimore, (No. 423, W. 23rd St.; 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James L. Gosnell

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	March 17 1835 (Month) (Day) (Year)
AGE	71 years, 8 months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	William Gosnell
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Elizabeth Cash
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catharine M Gosnell

(Address) 423 W 23rd St

Filed 12/3 1906 HARRY G. ROBERTS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from April 11th 1906 to November 30 1906 that I last saw him alive on Nov. 30 1906, and that death occurred, on the date stated above, at 3.35 P.M. The CAUSE OF DEATH was as follows:

Chronic Brights disease of long duration.

(DURATION) DAYS

Contributory Exhaustion and heart failure (DURATION) 4 DAYS

(Signed) Harrison H. Cooper M. D.

190 (Address) 2425 St. Paul St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 4th 1906
UNDERTAKER	ADDRESS
Albert F Philbin	1711 Mad ave

4

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 95846 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 E Pratt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Stephen Coumelas

{ Residence, if in Baltimore, Give Street and Number. } 808 E Pratt St.

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1801

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Turkey

FULL NAME OF FATHER ,, ,,

BIRTHPLACE OF FATHER (State or country) ,, ,,

MAIDEN NAME OF MOTHER ,, ,,

BIRTHPLACE OF MOTHER (State or country) ,, ,,

OCCUPATION OF DECEASED ~~Work Gunmaker~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mich Gannaras

(Address) 1741 Thames St

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1st 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to ~~Dec~~ 190

that I last saw h ~~live~~ alive on ~~Dec~~ 190

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Thos Sudler Coroner M.D.

Address 3204 Thames St

Date 190

Place of Burial Mount Carmel Cem.

Date Dec 4th 1906

Undertaker Germanus Torance

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 95847

City of Baltimore, (No. Hospital for Women of Maryland St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Beatrice Rafferty

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: December 7th 1871 (Month) (Day) (Year)
AGE: 34 years, 11 months, 25 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married
BIRTHPLACE (State or country): Maryland
FULL NAME OF FATHER: Capt. William Harcourt
BIRTHPLACE OF FATHER (State or country): N.Y. State
MAIDEN NAME OF MOTHER: Mary Ellen Betts
BIRTHPLACE OF MOTHER (State or country): Norfolk Va.
OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beulah T. Wilson Sister
(Address) 1911 E Oliver

Filed ..... 190..
HARRY C. ANDREWS, PERMIT CLERK.
Registrar

WM. J. C. DULANY CO., BALTIMORE

824 Harford Ave

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 2d (Day) 1906, (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16th 1906 to Dec 2d 1906
that I last saw her alive on Dec 2d 1906,
and that death occurred, on the date stated above, at 1.15 P.M. The CAUSE OF DEATH was as follows:

Pneumonia
Inter current Paralysis

(DURATION) DAYS

Contributory Paralysis
(DURATION) 6 DAYS

(Signed) Robt T. Wilson M.D.
Dec 2d, 1906 (Address) 820 Park Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 824 Harford Ave. How long at Place of Death? 16 Days

Where was disease contracted, if not at place of death? 1203 Ashland Ave.

PLACE OF BURIAL OR REMOVAL: Loudon Park
DATE OF BURIAL: Dec 4 1906
UNDERTAKER: H. C. Wiedefeld
ADDRESS: 914 Gwynn Ave

Ward 7 95848 Registered No. B 119

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edith P Martin.

{Residence, if in Baltimore, Give Street and Number.} 712 W. Franklin St.

Duration of Residence in Baltimore. 19 yrs B95848

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR Black.

DATE OF BIRTH Oct 1 1

AGE 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER John Martin.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Susie Kemp.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Martin

(Address) 712 W. Franklin St.

Filed 12/3 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 3 P.M. 1906

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1906 to Dec 3 1906 that I last saw her alive on Dec 3 1906, and that death occurred, on the date stated above, at 7-00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Bright's Disease

1 mo. (DURATION) — DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) E. C. Langley, M.D.

Address Md Gen. Hospital

Date Dec 3, 1906

Place of Burial Laurel Cem

Date Dec 5 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 1700 Crystal Av. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel C. Boyd.

{ Residence, if in Baltimore, Give Street and Number. } 1700 Crystal Av.

Duration of Residence in Baltimore. 40 years. B95849

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 26 1854

AGE 52 years, 3 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Scotland.

FULL NAME OF FATHER David Boyd.

BIRTHPLACE OF FATHER (State or country) Scotland.

MAIDEN NAME OF MOTHER Ellen Thompson

BIRTHPLACE OF MOTHER (State or country) Scotland.

OCCUPATION OF DECEASED Boiler Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Bridget Boyd.

(Address 1708 Crystal Av.

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Nov 30 1906 that I last saw h[illegible] alive on Dec 1 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 18 DAYS

Contributory (Primary) Uraemia

(DURATION) 2 DAYS

(Signed) A.D. Macdonald M.D.

Address 1540 N Broadway

Date 190

Place of Burial Cedar Hill Cem.

Date December 4th 1906

Undertaker A. Fink & Son

Address 910 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward

Registered No. B 038850

CERTIFICATE OF DEATH.

(Place of Death.) No. 2046 Eager St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Betzel

{Residence, if in Baltimore, Give Street and Number.} 2046 E Eager St

Duration of Residence in Baltimore. Balto Md

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 10 1866

AGE 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Henry Betzel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie M Betzer Detzer

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Valentine Betzel

(Address) 2046 E Eager St

Filed 12/3 1906 HARRY C. ANDREWS, PERMIT CLERK., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1906

I HEREBY CERTIFY, That I attended deceased from November 22 1906 to November 30 1906

that I last saw him alive on Nov 30 1906,

and that death occurred, on the date stated above, at 9.30 —

CAUSE OF DEATH (Secondary or Immediate).

Pulmonary Tuberculosis

2

Had been at Harford

for some weeks last

him only twice (DURATION) DAYS

Contributory (Primary.)

Extreme Emaciation (DURATION) DAYS

(Signed) Thos J Emmert M.D.

Address 1025 N Wolfe st

Date Dec 3e 1906

Place of Burial Holy Redeemer

Date Dec 5 1906

Undertaker Geo M Zink

Address 811 N Wolfe st

Paid him only 2 V. 5 Cts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 14 95851 Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Cornelius Broom

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct Inf. Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH Nov. 4th 1906

AGE ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) C. G.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. Inf. Asy

Filed 12/3/ 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2 1906

I HEREBY CERTIFY, That I attended deceased from Nov 7 1906 to Dec 2 1906 that I last saw h[im] alive on Dec 1, 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Haywood, M.D.

Address 1230 N Caroline

Date 12-2-'06 1906

Place of Burial Mon. Cathedral

Date Dec. 4th 1906

Undertaker Martin Duffy & Sons

Address 616 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — Registered No. B 95852 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Infant Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edmond Gregory.

{Residence, if in Baltimore, Give Street and Number.} St. Vincent's Infant Asylum.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W.

DATE OF BIRTH Nov. 18th 1906

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: ✓

BIRTHPLACE OF FATHER (State or country): ✓

MAIDEN NAME OF MOTHER: ✓

BIRTHPLACE OF MOTHER (State or country): ✓

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 18. 1906 to Dec. 2, 1906

that I last saw him alive on Dec 1, 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or immediate)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N Carolina St

Date Dec 2, 1906

Place of Burial New Cathedral

Date Dec 4th 1906

Undertaker M. Fahey Mfd. Undt

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 95853 — Registered No. B 134

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Inf. Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Austin Moore

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	M
COLOR	M
DATE OF BIRTH	Oct 31 1906
AGE	..... years, 1 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Frederick Co.,
FULL NAME OF FATHER	〃
BIRTHPLACE OF FATHER (State or country)	〃
MAIDEN NAME OF MOTHER	〃
BIRTHPLACE OF MOTHER (State or country)	〃
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 12/31 1906 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 1 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Dec 1 1906

that I last saw him alive on Nov 30 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N Caroline St

Date 12/2/06 1906

Place of Burial Green Cathedral

Date Dec. 4th 1906

Undertaker Martin Fahrney & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 95854

95854

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vinct Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick Brown

{Residence, if in Baltimore, Give Street and Number.} St. Vinct Inf. asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W.
DATE OF BIRTH: Oct 28th 1906	
AGE: ..... years, 1 month, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: ✓	
BIRTHPLACE OF FATHER (State or country): ✓	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED:	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 12/31/1906 HARRY C. ANDREAS PERMIT CLERK Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Dec 2 1906 that I last saw h[illegible] alive on Dec 1 1906, and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Malnutrition and Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Carlton St

Date 12 - 2 - '06 1906

Place of Burial Mount Cathedral

Date Dec. 4th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1436 E Fayett St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Celia S. Gribov

{Residence, if in Baltimore, Give Street and Number.} 1436 E Fayett St

Duration of Residence in Baltimore.

B95855

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Samuel Gribov

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Ethel Rickless

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sam. L Gribov

(Address) 1436 E. Fayette St

Filed Dec 4th 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓ Cert. C.R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Suddey

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Cullen M.D.

Address Corner Rd

Date Dec 3 - 06 190

Place of Burial Philips Rd Rosedale

Date Dec 4, 1906

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Mary A. Thawley.

{ Residence, if in Baltimore, Give Street and Number. } Centreville, Md.

Duration of Residence in Baltimore. —

B95856

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Feb 28, 1

AGE 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Wm Turner.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Francis F. Knotts

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. H. J. Stauffer

(Address) 406 Clay Ave. Scranton, Pa.

Filed Dec 4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1906 to Dec 3, 1906 that I last saw her alive on Dec 3 1906, and that death occurred, on the date stated above, at 9-45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Thrombosis of femoral veins resulting gangrene.

2 mo. (DURATION) = DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) C. C. Langley M.D.

Address Md. Gen. Hosp

Date Dec 3, 1906

Place of Burial Centreville Md

Date Dec 7. 1906

Undertaker Jas. Snedaker, Son

Address 217 S. Pine St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B95857

CERTIFICATE OF DEATH.

174

(Place of Death.) No. Mercy Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Robert Burton

{Residence, if in Baltimore, Give Street and Number.} 215 N Pobblecove Ave

Duration of Residence in Baltimore. Life

B95857

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH ....1....

AGE 78 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Real Estate Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt Brooks

(Address) 1204 W Baltio st

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 2 1906

I HEREBY CERTIFY, That I attended deceased from As Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

due to general debility

and Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lanvale

Date Dec 3 1906.

Place of Burial Baltio Cem

Date 12 = 4th 1906

Undertaker Robt. Brookson

Address S.E. Cor Calhoun & Hollins st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever a person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or superintending the burial, a certificate setting forth as far as the same can be ascertained, the **full name, sex, age, cause and date of death.** whether married or single) of the person

Ward 19 95858 Registered No. B 95858

CERTIFICATE OF DEATH.

(Place of Death.) No. 411 S. Monroe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Dora Catherine Kolbe

{Residence, if in Baltimore, Give Street and Number.} 411 S. Monroe st.

Duration of Residence in Baltimore. 41 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ——— 1840

AGE: 66 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Her ———

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kolbe

(Address) 411 S. Monroe

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18th 1905 to Dec 2nd 1906 that I last saw her alive on Dec 2nd 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemic Coma

(DURATION) one DAYS

Contributory (Primary.) Neplritis

14 mos (DURATION) — DAYS

(Signed) E. A. Kuorr M.D.

Address 1727 W. Lombard st

Date Dec 2nd 1906

Place of Burial Western Cemetery

Date Dec 3th 1906

Undertaker C. F. Miller Company

Address 1729 W Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2036 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip E Douglass

{ Residence, if in Baltimore, Give Street and Number. } 2036 S Charles St

Duration of Residence in Baltimore. Life

B95859

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 12 1900

AGE: 6 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm A Douglass

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Anne Amrhein

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm A Douglass (father)

(Address) 2036 S Charles St

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3.25 a. m. CAUSE OF DEATH (Secondary or Immedi

Meningitis

Cerebral

Accidental fall

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Chas Reinhardt M.D.

Address Corner

Date December 3 1906

Place of Burial Cedar Hill

Date Dec 4th 1906

Undertaker Jos. Stumtebeck

Address 1318 Light ste.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 95860

Home of the Aged M E Church Fulton Ave & Franklin

City of Baltimore, (No. ~~Rosena Jerick~~ St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rosena J Erick

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Dec 3 1906
(Month) (Day) (Year)

AGE 77 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Wm M Mark

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Catharine Mark

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno McGuinness

(Address) Fulton & Franklin

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Dec 3 1906

that I last saw h Cr alive on Dec 1 1906,

and that death occurred, on the date stated above, at 9 A.M. The CAUSE OF DEATH was as follows:

Senility

..... (DURATION) ..... DAYS

Contributory Asthma

..... (DURATION) ..... DAYS

(Signed) Wm E Burton M. D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Green Mount — DATE OF BURIAL Dec 4 1906

UNDERTAKER Geo J Smith Co — ADDRESS 1500 N. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE. 34

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95861

City of Baltimore, (No. 404, New St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Percy S. Lewis.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: Feb. (Month) 18 (Day) 1 (Year)

AGE: 10 years, 10 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child.

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Geo. Lewis.

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Ella Thomas

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Child.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theresa Tate.

(Address) 404 New st.

Filed 12/4 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 9. 1906 to Dec 2 1906

that I last saw him alive on Dec 2. 1906.

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

General Tuberculosis.

? (DURATION) DAYS

Contributory Exhaustion.

? (DURATION) DAYS

(Signed) L. E. Snader M. D.

12/3 1906 (Address) 609 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: dec 4 1906

UNDERTAKER: Geo H Hooper — ADDRESS: 609 Litte Race

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 95862 — Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 303 Dawson alley Jacob St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Rachel Shorter.

{Residence, if in Baltimore, Give Street and Number.} 303 Dawson alley

Duration of Residence in Baltimore. one Month.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: B.

DATE OF BIRTH: Dec 3rd 1906

AGE: ..... years, ... months, 30 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jacob Shorter

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Rachel Bacon

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Shorter

(Address) 303 Dawson alley

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 3 1906 to Dec 3rd 1906 that I last saw him alive on Dec 3rd 1906, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate

Death probably due to intestinal intoxication.

(DURATION) 4 DAYS

Contributory (Primary.) not known

(DURATION) DAYS

(Signed) W. E. Tipson. M.D.

Address 622 W. Lombard St.

Date Dec 3rd 1906

Place of Burial Mt Auburn cemetery

Date Dec 4 1906

Undertaker Edson H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95865

CERTIFICATE OF DEATH.

(Place of Death.) No. The Preston Apartments Guilford Ave & Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mabel J. Stalfort

{Residence, if in Baltimore, Give Street and Number.} Guilford Ave Preston st

Duration of Residence in Baltimore. Life B95863

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: April 28 1880

AGE: 26 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert McClintock

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Martha Reild

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Housewife.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur Stalfort

(Address) Preston Apartments

Filed 12/4 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 1 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1906 to Dec 1 1906

that I last saw her alive on Dec 1 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Interstetial Nephritis

Mitral Regurgitation

Probably (DURATION) 4 years DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Thomas J. Talbott M.D.

Address 2504 Penna Ave

Date Dec 1st 1906

Place of Burial Loudon Park Cem

Date Dec. 4th 1906

Undertaker Joseph Lyfer.

Address 1600 W. North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

9.804

CERTIFICATE OF DEATH.

(Place of Death.) No. 838 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Frohnell

{Residence, if in Baltimore, Give Street and Number.} 838 W Lombard

Duration of Residence in Baltimore. Life 95864

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 26 1906

AGE ..... years, ... months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John L Frohnell

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emma Hindmen

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Frohnell

(Address) 838 W Lombard St

Filed 12/4 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Dec 4 1906 that I last saw her alive on Dec 3 1906, and that death occurred, on the date stated above, at .....

2a M. CAUSE OF DEATH (Secondary or Immediate)

Spina Bifida

Inanition

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) W. B. Burch M.D.

Address 828 N Carrollton Ave

Date Dec 4 1906

Place of Burial Loudon Park

Date Dec 4 1906

Undertaker John Howman

Address 901 Hollins St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95865 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George H White

{ Residence, if in Baltimore, Give Street and Number. } 307 Waters Court

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH Jan 26 1

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Charles White

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Harriet Richardson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/4 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Nov 26 1906

that I last saw h alive on Nov 28 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) W A MacCallum M.D.

Address Johns Hopkins Hospital

Date Nov 30 1906

Place of Burial .....

Date 190

Undertaker .....

Address Hall Department

UNIVERSITY OF MARYLAND. DEC 1 - 1906 Commissioner Health. FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

283

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert Dabney

{ Residence, if in Baltimore, Give Street and Number. } 1506 McElderry St

Duration of Residence in Baltimore. ?

B95864

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ? 1

AGE: 41 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): ?

MAIDEN NAME OF MOTHER: ?

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Simon Ais

(Address) 1506 McElderry St

Filed 12/4 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 28 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Nov 28 1906

that I last saw h~~e~~er alive on Nov 28 1906,

and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute ichr. Pancarditis

(DURATION) ..... DAYS

Contributory (Primary.) Acute insufficiency

(DURATION) ..... DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date Nov 30 1906

Place of Burial .....

Date ..... 190 ...

Undertaker .....

Address .....

UNIVERSITY OF MARYLAND. DEC 1 - 1906 HARRY C. ANDREWS, PERMIT CLERK. Commissioner Health.

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

152

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Henrietta Anderson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

B95867

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Black.
DATE OF BIRTH	Nov. 27- 1906
AGE	..... years, ... months, 1/2 hour days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	Henrietta Anderson
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/4 1906

Registrar

✓

283

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 27. 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1906 to Nov. 27- 1906

that I last saw h[illegible] alive on Nov. 27. 1906,

and that death occurred, on the date stated above, at 2.45 a m.

CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Neonatorum.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) A. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Nov. 27- 1906

JOHNS HOPKINS HOSPITAL

Place of Burial .....

Date DEC 1- 1906 1906

Commissioner Health,

PERMIT CLERK.

Undertaker .....

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95868

City of Baltimore, (No. 414, Oliver St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Gunning

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec. 3 1906 (Month) (Day) (Year)
AGE	— years, — months, 1 days.
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	John Gunning
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Agnes Martin
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Gunning

(Address) 414 Oliver St.

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3 1906 to Dec 3 1906

that I last saw her alive on Dec 3 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Premature Birth

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J. H. Robinson M. D.

Dec 3 1906 (Address) 726 Pac Co H.S.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Dec 4 1906
UNDERTAKER	ADDRESS
H. C. Wickfield	1st Fremont Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward W

95869

Registered No. B [illegible]

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Arthur Brown

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. D.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Oct. 10 1906

AGE: — years, 1 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 12/4 1906 BARRY C. ARRIONS, PERRITT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Dec 2 1906 that I last saw h er alive on Dec. 1 1906, and that death occurred, on the date stated above, at 1.04 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 22 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Dec 3 1906

Place of Burial Mt. Cathedral Cemy

Date Dec 4 1906

Undertaker Felix B Pugh

Address 62 E Mulberry St

WM. J. C. DULANY CO., ENGRAVERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate call be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and t and the cause and date of death.

CERTIFICATE OF DEATH.

80

(Place of Death.) No. 619 N. Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Phillips

{Residence, if in Baltimore, Give Street and Number.} 619 N. Bond st

Duration of Residence in Baltimore. 80 Years B95870

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Jan 21 1820
AGE	86 years, 11 months, days
SINGLE, MARRIED, WIDOWED OR DIVORCED	Widower
BIRTHPLACE (State or country)	England
FULL NAME OF FATHER	Thomas Phillips
BIRTHPLACE OF FATHER (State or country)	England
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Lizzie Smith

(Address) 619 N. Bond st

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 3 1906 190

I HEREBY CERTIFY, That I attended deceased from Oct. 23 1906 to Dec. 3 1906

that I last saw him alive on Nov. 30 1906,

and that death occurred, on the date stated above, at 6.40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

(DURATION) 6 Days

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo H Hartman M.D.

Address 1121 N Caroline St.

Date DEC 3 1906 190

Place of Burial Mt. Carmel Cem.

Date DEC 5 1906 190

Undertaker Wm. J. Loy

Address 821 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95871 Registered No. B .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. Mt Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Maggie O'Leonnon

{Residence, if in Baltimore, Give Street and Number.} 1409 Pratt St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: —

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Peal

(Address) 1910 Wilkens Ave

Filed 12/4 1906

HARRY C. ANDREWS, CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec- 2- 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12- 1906 to Dec- 2- 1906 that I last saw h-er alive on Dec- 2- 1906 and that death occurred, on the date stated above, at 1.1 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 1 DAYS

Con'ributory (Primary.) Organic Heart Disease (DURATION) 365 DAYS

(Signed) M. W. Stark M.D.

Address 1122 N Mount st

Date Dec- 2- 1906

Place of Burial Western Cemetery

Date Dec 5 1906

Undertaker Wm Cook

Address 502 E Hath Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

94

(Place of Death.) No. 711 Forrest St B95872 St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martha McCatherine

{ Residence, if in Baltimore, Give Street and Number. } 711 Forrest St 95872

Duration of Residence in Baltimore. 35 or 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH —— 1

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Scotland

FULL NAME OF FATHER Danel McMillan

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James McCatherine

(Address) 711 Forrest St

Filed 12/14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1906

I HEREBY CERTIFY, That I attended deceased from about Nov 6th 1906 to 4th Dec 1906

that I last saw h— alive on Dec 2nd 1906.

and that death occurred, on the date stated above, at 12.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Contributory (Primary.) Pleurisy (DURATION) about 45 60 DAYS

(DURATION) DAYS

(Signed) C. D. Reynolds M.D.

Address 309 N Eutaw St

Date Dec 4th 1906

Place of Burial Baltimore Cem

Date Thursday Dec. 6. 1906

Undertaker Wm Cook

Address 502 E North ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That wherever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B [illegible] 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 817 Ashland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James P. Slapeman

{Residence, if in Baltimore, Give Street and Number.} (817) Ashland St.

Duration of Residence in Baltimore. life B95723

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	White

DATE OF BIRTH: Oct. 5 1906

AGE: — years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William H Slapeman

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Margaret L Pearce

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H Slapeman

(Address) 817 Ashland Ave

Filed 12/4 1906 HARRY O. ANDREWS, PERMIT CLERK (Registrar)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 3 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1906 to Dec. 3 1906

that I last saw him alive on Dec. 2 1906

and that death occurred, on the date stated above, at 9:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-Enteritis

(DURATION) 30 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St.

Date Dec. 3 1906

Place of Burial New Cathedral Cemetery

Date Dec. 4 1906

Undertaker Henry Hoeche's Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward [redacted] (Blk) Registered No. B [redacted]

CERTIFICATE OF DEATH.

95874

(Place of Death.) No. 1226 N. Greenmount Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Rinehart

{Residence, if in Baltimore, Give Street and Number.} 1226 Greenmount Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: George Rinehart

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alberta Rinehart

(Address) 1226 Greenmount Ave

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2d 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1905 to Dec 1st 1906

that I last saw h[illegible] alive on Dec 1st 1906,

and that death occurred, on the date stated above, at 4 9 M. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis (Chronic Mit + aortic Valve,

(DURATION) — DAYS

Contributory (Primary.) Ephraim Lewis

(DURATION) DAYS

(Signed) H. C. Chambers M.D.

Address 18 W Franklin St

Date Dec 3d 1906

Place of Burial Loudon Park Cemetery

Date Dec. 5 1906

Undertaker Henry Wroth & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 1016 Russell Terrace St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wiley R Alsop B95175

{Residence, if in Baltimore, Give Street and Number.} 1016 Russell Terrace

Duration of Residence in Baltimore. Twenty-five Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Unknown	
AGE: 39 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mariah Alsop

(Address) 1016 Russell Terrace

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec. 1st 1906
I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...	
that I last saw h ... alive on ... 190 ...	
and that death occurred, on the date stated above, at ...	
... M. CAUSE OF DEATH (Secondary or Immediate)	Pneumonia
	two weeks (DURATION) ... DAYS
Contributory (Primary.)	(DURATION) ... DAYS
(Signed)	Silas Bardanis M.D.
Address	700 Log. av. (Comm)
Date	Dec. 2nd 1906
Place of Burial	Mt Jim
Date	DEC 4 1906
Undertaker	R L Parham
Address	1213 Pank st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 95876 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 2526 E. Oliver St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Ca. Adelsberger

{ Residence, if in Baltimore, Give Street and Number. } 2526 E Oliver

Duration of Residence in Baltimore. 2 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1821

AGE 85 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Michael Adelsberger

BIRTHPLACE OF FATHER (State or country) Emmitsburg Md

MAIDEN NAME OF MOTHER Louisa Gelbricks

BIRTHPLACE OF MOTHER (State or country) Emmitsburg Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Grumbine

(Address) 2526 E. Oliver st.

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage (Sudden)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Carollus M.D.

Address Coroner, Md.

Date Dec. 2 - 06 1906

Place of Burial Emmitsburg Cath. Cem.

Date Dec. 4 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95877.

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Maternity Maternity Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jessa Grant

{Residence, if in Baltimore, Give Street and Number.} Rock Hall. Md.

Duration of Residence in Baltimore. 3 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: Jan 15 1886

AGE: 20 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Columbus Beck

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Alice Evens

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. R. Grant (Husband)

(Address) Rock Stall. Md

Filed 12/4 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1906

I HEREBY CERTIFY, That I attended deceased from as former 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Infection

Non. Criminal.

(DURATION) 3 DAYS

Contributory (Primary) Chloroform Anaesthesia Sudden (DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Corner

Date Dec 3 1906

Place of Burial Piney Rock, Rock Hall Md.

Date December 4 1906

Undertaker H & E Dulany

Address ~~715~~ 804 Madison Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 95878

City of Baltimore, (No. 533, Laurens St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	colored

DATE OF BIRTH: Sep (Month) 19 (Day) 1877 (Year)

AGE: 29 years, 2 months, 12 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Parker Bailey

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Celia Mead

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Scott

(Address) #533 Laurens st.

Filed 12/14 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 1 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Dec 1 1906

that I last saw him alive on Nov 30 1906,

and that death occurred, on the date stated above, at 5.35 A. M. The CAUSE OF DEATH was as follows:

Acute Miliary Tuberculosis

Several months (DURATION) DAYS

Contributory Exhaustion (DURATION) DAYS

(Signed) Walter H. White M. D.

Dec 3 1906 (Address) 1101 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery — DATE OF BURIAL: Dec 4th 1906

UNDERTAKER: Chas. G Bailey — ADDRESS: 1432 Jefferson st

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95879

City of Baltimore, (No. 871 Watt St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Lincoln

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Lincoln

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED: Non

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Preston St

Filed 12/4 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 2 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 2 1906 to Dec 2 1906

that I last saw him alive on Nov 17 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Bronchitis

(DURATION) 20 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Wm. J. Kaelin M. D.

Dec 2 1906 (Address) 852 W Northern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Zion

DATE OF BURIAL: Dec 4 1906

UNDERTAKER: James H Dennis

ADDRESS: 1332 Preston

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 95880 Registered No. B 95880

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gideon Stone

{ Residence, if in Baltimore, Give Street and Number. } 102 Rogers ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Elevator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B Jones

(Address) 506 Rogers Ave

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Dec 3 1906

that I last saw h.. alive on Dec 3 1906, 3:12

and that death occurred, on the date stated above, at ... P. M. CAUSE OF DEATH (Secondary or Immediate)

Aneurysm of the aorta.

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) S Strouse M.D.

Address John Hopkins Hospital

Date Dec 4 1906

Place of Burial Mt Auburn Cemetery

Date Dec 6 1906

Undertaker R St Mitchell

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

942 Barnes et

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ... Registered No. B ...

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Robt Collins

{ Residence, if in Baltimore, Give Street and Number. } 1322 Orleans st

Duration of Residence in Baltimore. ... B95881

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ... 1 ...

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holly

(Address) BAY VIEW ASYLUM.

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1906 to Dec 2 1906 that I last saw h... alive on Dec 2 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.) Explanation

(DURATION) ... DAYS

(Signed) J Sterling Gentry M.D.

Address Bay View Hospital.

Date Dec. 2 1906

Place of Burial Laurel Cemetery

Date Dec 4 1906

Undertaker R. A. Gilliatt

Address 576 Ro...

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7th. 95882 Registered No. B

120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Woodrow Summers

{Residence, if in Baltimore, Give Street and Number.} Bay View Asylum

Duration of Residence in Baltimore. 30 yrs. B95882

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 1 year, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Lobster & Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday

(Address) BAY VIEW

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 2, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Dec 2 1906 that I last saw him alive on Dec 2 1906, and that death occurred, on the date stated above, at 8:40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chr[redacted] Diffuse Nephritis

(DURATION) DAYS

Contributory (Primary.) Myocarditis

(DURATION) DAYS

(Signed) J. Hunting Scott M.D.

Address

Date 190

Place of Burial Laurel Cemetery

Date Dec 4 1906

Undertaker R. A. Talliant

Address 506 Rogers Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. No 306 N. Carey St B95883 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Benj. F. Cadell

{Residence, if in Baltimore, Give Street and Number.} 306 N. Carey St.

Duration of Residence in Baltimore. About 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 74 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Annie Cadell

(Address) 306 N. Carey St

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Dec. 3 1906 that I last saw him alive on Dec. 3 1906, and that death occurred, on the date stated above, at 5 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis (Left Hemiplegia)

(DURATION) 46 DAYS

Contributory (Primary.) Cerebral Apoplexy (DURATION) 46 DAYS

(Signed) John J. Young M.D.

Address 1425 Eutaw Place

Date: Dec. 4 1906

Place of Burial: London Park Cem.

Date: Dec. 5 1906

Undertaker: Wm. G. Black

Address 22 N. Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person eased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

95884

Registered No. B.....

City of Baltimore, (No. 208 E. Montgomery, 12 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs. Susan B. Carver

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: 11 (Month) 2 (Day) 1904 (Year)

AGE: 37 years, 1 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas W. Hubbard

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E. Wiley

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Carver

(Address) 208 E. Montgomery

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 2nd (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from May 1st 1906 to Dec 2nd 1906 that I last saw her alive on Dec 1st 1906, and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

6 months (DURATION) ..... DAYS

Contributory Unknown

(DURATION) ..... DAYS

(Signed) J. K. Wiley M. D.

Nov 4 1906 (Address) 724 N. Leamy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem — DATE OF BURIAL: Dec 4 1906

UNDERTAKER: Armstrong Denny Co — ADDRESS: 715 Lig[illegible] St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — Registered No. B95885

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 1501 S Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clow B95885

{Residence, if in Baltimore, Give Street and Number.} 1501 S Chester.

Duration of Residence in Baltimore. 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 24 1879

AGE: 27 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Annapolis

FULL NAME OF FATHER: Nathaniel Clow

BIRTHPLACE OF FATHER (State or country): Kent Co

MAIDEN NAME OF MOTHER: Agena Evans

BIRTHPLACE OF MOTHER (State or country): Annapolis

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agena Clow (Mother)

(Address) Annapolis

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Dec 3d 1906

that I last saw him alive on Dec 3d 1906,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Haemorrhage -
followed by Pneumonia

(DURATION) DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) H. St. Snyder M.D.

Address 1425 Light St.

Date Dec 4 1906

Place of Burial Annapolis Md.

Date Dec 6 1906 190

Undertaker Armstrong Dennyler

Address 715 Light St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2006 Oakley St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Wallman

{Residence, if in Baltimore, Give Street and Number.} 2006 Oakley St

Duration of Residence in Baltimore. 5 months B95886

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	white
DATE OF BIRTH	Dec. 1833
AGE	73 years, — months, — days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	~~Penn~~ Md.
FULL NAME OF FATHER	~~Unknown~~ Do not Know
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Wallman

(Address) 2006 Oakley St

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 3 1906 that I last saw h er alive on Dec 2 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia (Single.)

(DURATION) 5 DAYS

Contributory (Primary.) Pneumonia. (exhaustion)

(DURATION) DAYS

(Signed) John J. King M.D.

Address 1425 Eutaw Pl

Date Dec. 3 1906

Place of Burial Woodlawn Cemy

Date December 5th 1906

Undertaker A Easton & Sons

Address Ellicott City Md.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

1906
D 7
1425

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95887

City of Baltimore, (No. 60 r Patterson ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of street and number.]

FULL NAME Mary Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 28 1906 (Month) (Day) (Year)

AGE: ..... years, ... months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Harold Thomas

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eleanor Mc Canty

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elinor Thomas

(Address) 60 r Patterson ave

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec — 3 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 3 1906

that I last saw h er alive on Dec 3 1906

and that death occurred, on the date stated above, at 7 15 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Claude Thomas M. D.

Dec 4 1906 (Address) 1655 Fulton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Peters Cem

DATE OF BURIAL: Dec 4 1906

UNDERTAKER: M Lahey & Sons

ADDRESS: 1662 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95888

Registered No. B.....

City of Baltimore, (No. 1705, Baker, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Caughey.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	April 6th 1867 (Month) (Day) (Year)
AGE	39 years, 7 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Francis McMahon
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	England.
OCCUPATION OF DECEASED	Female Head of Family

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Caughey

(Address) 1705 Baker St.

Filed 12/4 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 2nd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from October 14th, 1906 to December 2nd 1906 that I last saw h[illegible] alive on Dec 2nd 1906, and that death occurred, on the date stated above, at 4.20 P.M. The CAUSE OF DEATH was as follows:

Carcinoma of Stomach.

four months (DURATION) ..... DAYS

Contributory Inability to retain nourishment (DURATION) 6 DAYS

(Signed) William J. Sullivan M.D.

Dec 3rd 1906 (Address) 607 W. Fulton St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Dec 5th 1906
UNDERTAKER	**ADDRESS**
M Fahey & Sons	606 Lafayette Ave

Ward ..... 9588? Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 2044 E Federal St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Hofmeister

{Residence, if in Baltimore, Give Street and Number.} 2044 E Federal st

Duration of Residence in Baltimore. Lifetime B95889

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: November 26th 1870	
AGE: 36 years, ... months, 8 days	
~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, OR DIVORCED: Divorced	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: August Hofmeister	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Johanna Schwartz	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: Driver	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Johanna Hofmeister

(Address) 1606 E Biddle st.

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 31 1906 that I last saw him alive on Dec 29 1906, and that death occurred, on the date stated above, at 10.40 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) 2 DAYS

Contributory (Primary.) E. C. Hunter (DURATION) ..... DAYS

(Signed) Conrad Heuck M.D.

Address 419 E Eager

Date Dec 4. 06. 1906

Place of Burial Baltimore Cemetary

Date December 6th 1906

Undertaker George Schilling & Son

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 7 ..... 5838 ..... Registered No. D 95

CERTIFICATE OF DEATH.

(Place of Death.) No. 1229 Patapsco St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry E. Vesser

{ Residence, if in Baltimore, Give Street and Number. } 1229 Patapsco st

Duration of Residence in Baltimore. Lifetime. B95890

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 8th 1906

AGE: ..... years, ... months, 25 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William J Vesser

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Florence Whittington

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J Vesser Father

(Address) 1229 Patapsco st

Filed 12/4 1906 HARRY C. ANDRANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 3 1906 that I last saw him alive on Dec 3 1906, and that death occurred, on the date stated above, at 10.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary congestion

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 E Chase st

Date Dec 4 1906

Place of Burial: Baltimore Cemetery

Date: December 6th 1906

Undertaker: George Schilling & Sons

Address: 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 Edmondson Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Mary Cecilia McLellan

{Residence, if in Baltimore, Give Street and Number.} 1707 Edmondson Ave

Duration of Residence in Baltimore..... Lifetime B95891

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Feb 16 1877	
AGE: 29 years, 9 months, 16 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Balto md	
FULL NAME OF FATHER: Robert Simon Brady	
BIRTHPLACE OF FATHER (State or country): Balto md	
MAIDEN NAME OF MOTHER: Josephine Blumline	
BIRTHPLACE OF MOTHER (State or country): Balto md	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert S. Brady

(Address) 1707 Edmondson Ave

Filed 12/4 1906

HARRY O. ADKINS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3d 1906

I HEREBY CERTIFY, That I attended deceased from October 1906 to Dec 1st 1906 that I last saw her alive on Dec 1st 1906, and that death occurred, on the date stated above, at —

A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion & Anaemia due to Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis 5 mo. or more (DURATION) DAYS

(Signed) Wm. D. Lecompte M.D.

Address 8 E. Eager St

Date Dec 4th 1906

Place of Burial New Cathedral Cemetery

Date DEC 5th 1906

Undertaker H. & W. Jenkins & Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

40

(Place of Death.) No. St. Josephs Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Reutz

{Residence, if in Baltimore, Give Street and Number.} 127 N Gloucester St.

Duration of Residence in Baltimore. 30 yrs

B95892

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1851
AGE	55 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	dont Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	dont Know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Mertel

(Address) 1920 Gough St.

Filed 12/4 1906

HARRY O. ANDRANS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Dec 4 1906

that I last saw him alive on Dec 3 1906,

and that death occurred, on the date stated above, at 400 a M. CAUSE OF DEATH (Secondary or Immediate)

Starvation

(DURATION) DAYS

Contributory (Primary.) Carcinoma

of Stomach (DURATION) DAYS

(Signed) Newton Hershner M.D.

Address St Josephs Hosp

Date Dec 4 1906

Place of Burial St Alphonsus Cem

Date Dec 7 th 1906

Undertaker Germanus France

Address Bank & Wolfe Sts

WM. J. C. DULANY CO., BALTIMORE.

Permission to remove to 127 N. Glouca St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color and condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 95853 Registered No. B 110

CERTIFICATE OF DEATH.

(Place of Death.) No. 2527 E Stoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward L Meehan Sr

{Residence, if in Baltimore, Give Street and Number.} 2527 E Hoffman

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH January 27 1859

AGE 46 years, ——— months, ——— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md Balto Co

FULL NAME OF FATHER Patrick Meehan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary A Mooney

BIRTHPLACE OF MOTHER (State or country) Scotland

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B J Meehan

(Address) 2527 E Hoffman

Filed 12/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3rd 1906

I HEREBY CERTIFY, That I attended deceased from November 28th 1906 to December 3rd 1906 that I last saw him alive on " 1906, and that death occurred, on the date stated above, at 2:40 P. M. CAUSE OF DEATH (Secondary or Immediate) Acute Yellow Atrophy of Liver and Chronic Interstitial Nephritis

(DURATION) 6 Yrs DAYS

Con'ributory (Primary.) Coma + Convulsions

(DURATION) 3 DAYS

(Signed) Albert G. Singewald M.D.

Address 1202 N. Patterson Pk Ave.

Date December 3rd, 1906

Place of Burial Holy Cross

Date Dec 5 1906

Undertaker Robt J Tarr

Address 2 Mary & Helen

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 958[illegible] Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robt. Willis

{Residence, if in Baltimore, Give Street and Number.} St. Vinct. Inf. Asy.

Duration of Residence in Baltimore. Lifetime B95894

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W.

DATE OF BIRTH: Aug 8th 1901

AGE: 5 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 12/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 3, 1906 that I last saw h[illegible] alive on Dec. 3, 1906, and that death occurred, on the date stated above, at [illegible] M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N. Carrollton St

Date 12-3- 1906

Place of Burial New Cathedral

Date Dec. 5th 1906

Undertaker Martin Dabney & Son

Address 666 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

167

(Place of Death.) No. Mda. Gen. Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Barrett

{Residence, if in Baltimore, Give Street and Number.} 2207 Hunter at.

Duration of Residence in Baltimore. Life B95895

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | COLOR: Colored

DATE OF BIRTH: 1

AGE: 10 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: James Barrett

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Brown

(Address) 2207 Hunter at.

Filed 12/5/ 1906 S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Stroke

(DURATION) 1/2 DAY

Contributory (Primary.) accidental

Burns (DURATION) DAYS

(Signed) Wm Randolph M.D.
Coroner

Address 700 Lex. Av

Date Dec. 4th 1906

Place of Burial Laurel Cemetery

Date Dec 5 1906

Undertaker R. R. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95896

Registered No. B.....

City of Baltimore, (No. 202 Albemarle St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Rowdis

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1871 – Dec 1 (Month) (Day) Year)
AGE	35 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Joseph Rowdis
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Rowdis Jr

(Address) 202 N Albemarle

Filed 12/5 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 28 1906 to Dec 3 1906

that I last saw him alive on ... 1906,

and that death occurred, on the date stated above, at 3 45 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

One week (DURATION) ... DAYS

Contributory Pneumonia

(DURATION) ... DAYS

(Signed) A. J. Frerdon M. D.

Dec 4 1906 (Address) 918 E Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Olivet	Dec 6 1906
UNDERTAKER	ADDRESS
Jacob Frailhowsky	428 N Bond st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

95897

CERTIFICATE OF DEATH.

(Place of Death.) No. Provident Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ida Dorsey

{Residence, if in Baltimore, Give Street and Number.} 803 Leadenhall St.

Duration of Residence in Baltimore. Life B95897

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Henry Height.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Julia Sorrel.

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Dorsey

(Address) 803 Leadenhall St.

Filed 12/5 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 3 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Dec 3 1906

that I last saw her alive on Dec 2 1906,

and that death occurred, on the date stated above, at 5 A M. CAUSE OF DEATH (Secondary or Immediate)

Anaemia

(DURATION) (?) DAYS

Contributory (Primary.) Nephritis

(DURATION) (?) DAYS

(Signed) H S McCard M.D.

Address 3005 Druid Hill Av

Date Dec 3 1906

Place of Burial Mt. Auburn Cem.

Date Dec. 5 1906

Undertaker Inwood Trading

Address 142 Wotica St W

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1303 Upton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amos S Frost

{ Residence, if in Baltimore, Give Street and Number. } 1303 Upton St

Duration of Residence in Baltimore. Forty years B95898

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Unknown 1
AGE	73 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Frost

(Address) 1303 Upton St

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pneumonia

one year (DURATION) ..... DAYS

Contributory (Primary.) Apoplexy

(DURATION) ..... DAYS

(Signed) Sidney Baldwin M.D.

Address 710 Lex. Av. (Corner)

Date Dec. 4th 1906

Place of Burial National Cem

Date Dec 6 1906

Undertaker Wm E Hough Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 N. Grove St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George. F. Balk

{Residence, if in Baltimore, Give Street and Number.} No. 28 N. Grove St

Duration of Residence in Baltimore. 45 Years B95699

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 12 1847
AGE	59 years, 5 months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Don't Know
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elsie Balk

(Address) 28 N. Grove St

Filed 12/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Dec 2 1906

that I last saw h— alive on Dec 2 1906.

and that death occurred, on the date stated above, at 1

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(Heart Disease)

(DURATION) 13 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wheatman M.D.

Address 16 S. Broadway

Date Dec 3 1906

Place of Burial Mount Carmel

Date Dec 5th 1906

Undertaker H. Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95900

CERTIFICATE OF DEATH.

(Place of Death.) No. 829 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Horace Powell

{Residence, if in Baltimore, Give Street and Number.} Etting st.

Duration of Residence in Baltimore. Thirty years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Hawkins

(Address) 2022 Brunt st

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. 29th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw him ..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Unknown (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Corner)

Date Nov. 29th 1906

Place of Burial National Cem

Date Dec 5 1906

Undertaker Jno E Hough Co

Address 1422 Penna ave

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WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

97

(Place of Death.) No. 1437 E. Pratt St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Nathan Berman

{Residence, if in Baltimore, Give Street and Number.} 1437 E Pratt

Duration of Residence in Baltimore. Lifetime B95'901

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 17 1903

AGE: ..... years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Simon Berman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Sophia Sutasky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) D. Caplan

(Address) 1008 E Fayette

Filed 12/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Dec 4 1906

that I last saw h alive on " " 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Pneumonia

about 6 weeks (DURATION) DAYS

Contributory (Primary) Dentition

Diarrhoea (DURATION) DAYS

(Signed) J. B. Gallenberg M.D.

Address 1810 E Balto St

Date Dec 5. 1906

Place of Burial Blair Road Hebrew

Date Dec 6 1906

Undertaker Max Levinson

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause, and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 15 W. Fremont St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Geo W. James

{Residence, if in Baltimore, Give Street and Number.} 919 Myrtle Ave

Duration of Residence in Baltimore.....

B 95982

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX: M	COLOR: C
DATE OF BIRTH: 1	DATE OF DEATH: Dec 4 1906
AGE: 46 years, ... months, ... days	I HEREBY CERTIFY, That I attended deceased from: a Coroner 190 to 190
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	that I last saw h alive on 190,
BIRTHPLACE (State or country): Md.	and that death occurred, on the date stated above, at .....
FULL NAME OF FATHER: —	M. CAUSE OF DEATH (Secondary or Immediate)
BIRTHPLACE OF FATHER (State or country): —	Apoplexy
MAIDEN NAME OF MOTHER: —	Sudden (DURATION) DAYS
BIRTHPLACE OF MOTHER (State or country): —	Contributory (Primary.) ..... (DURATION) DAYS
OCCUPATION OF DECEASED: News dealer.	(Signed) Patrick F Martin M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address Coroner
(informant) Ellen James	Date Dec 5 1906
(Address) 919 Myrtle ave	Place of Burial Mt Auburn
Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date Dec 5 1906
	Undertaker Alex H Ensor
	Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

(Place of Death.) No. 218 E. 23rd St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bertha A. Shepp

{Residence, if in Baltimore, Give Street and Number.} 218 E. 23rd St

Duration of Residence in Baltimore. One year. B95-903

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: May 2 1893	
AGE: 13 years, 7 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): York Pa	
FULL NAME OF FATHER: Daniel Shepp	
BIRTHPLACE OF FATHER (State or country): York Pa	
MAIDEN NAME OF MOTHER: Alice A. Miller	
BIRTHPLACE OF MOTHER (State or country): York Pa	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daniel A Shepp.

(Address) 218 E. 23rd St

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 4. 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1906 to Dec 4 1906

that I last saw h Ex alive on Dec 4 1906,

and that death occurred, on the date stated above, at 10-40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Meningitis

(DURATION) 46 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Malcolm E Douglass M.D.

Address 129 E North Ave

Date Dec. 5th 1906

Place of Burial York Pa

Date Dec 6 1906

Undertaker Wm Cook

Address 502 E York

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95904

CERTIFICATE OF DEATH.

(Place of Death.) No. 1707 Madison Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Poppleim Hall

{Residence, if in Baltimore, Give Street and Number.} 1707 Madison Ave

Duration of Residence in Baltimore. All her life. B95904

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Mar 2 1845
AGE	61 years, 9 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Nicholas Popplein
BIRTHPLACE OF FATHER (State or country)	Bavaria
MAIDEN NAME OF MOTHER	Susanna Thomsen
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edwin L. Hall

(Address) 419 Laurens St

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1905 to Dec 4 1906

that I last saw h[er] alive on Dec 4 1906,

and that death occurred, on the date stated above, at 1-15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac syncope

(DURATION) DAYS

Contributory (Primary) Chronic interstitial nephritis (DURATION) 1 yr DAYS

(Signed) Sylvan H Likes M.D.

Address 116 N. Franklin St

Date Dec 4 1906

Place of Burial Gr E Emmanuel

Date Dec 6th 1906

Undertaker Hellenstein Bros Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

54

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95905

City of Baltimore, (No. 2725 Penna Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Honor A. Dorsey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: March (Month) 31 (Day) 1898 (Year)

AGE: 8 years, 8 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Norwood Dorsey

BIRTHPLACE OF FATHER (State or country): Frederick Co Md.

MAIDEN NAME OF MOTHER: Alice Nagle

BIRTHPLACE OF MOTHER (State or country): Catonsville Md.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Alice Dorsey

(Address) 2725 Penna Ave.

Filed 12/5 1906 HARRY C. ANDREWS, PERFECT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 1906 to Dec 4 1906 that I last saw her alive on Nov 27 1906, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

General Anemia

about 90 days (DURATION) DAYS

Contributory Asthenia

Ingravescente (DURATION) DAYS

(Signed) Thos. S. Humphrey. M. D.

Dec 4 1906 (Address) 2014 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 2725 Penna Ave How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cemetery

DATE OF BURIAL: Dec. 6. 1906

UNDERTAKER: Wm Booth

ADDRESS: 702 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B95906 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 638 Burgundy Alley W.W.H. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Helen Coats.

{Residence, if in Baltimore, Give Street and Number.} 638 Burgundy Alley.

Duration of Residence in Baltimore. Since Oct. 11th 1906.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: Oct. 11th 1906 1906

AGE: ..... years, One months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Infant

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Henery Coats.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Helen Norris.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Henry Coats

(Address) Burgundy Alley.

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Oct 11th 1906 to Dec 3 1906 that I last saw he alive on Dec 3 1906, and that death occurred, on the date stated above, at 6.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Premature infant death due to lack of sufficient vitality.

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W. E. Tyson M.D.

Address 627 W Lombard St.

Date Dec 4th 1906

Place of Burial: Mt Auburn Cemetery

Date Dec 5 1906

Undertaker: Geo. H. Thomas

Address 609 Little Pacific

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95907

City of Baltimore, (No. 1176, Columbus Ave St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Luke C. Tynan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Luke C Tynan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Tynan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Foreman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 12/5 1906

HENRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 3 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Dec 1st 1906 that I last saw h[e] alive on Dec 1 1906, and that death occurred, on the date stated above, at 3 30 P.M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 120 DAYS

Contributory Asthenia

(DURATION) 60 DAYS

(Signed) [illegible] M. D.

Dec 3 1906 (Address) 517 Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters Cemy	Dec 6th 1906
UNDERTAKER	**ADDRESS**
John J Fields 1200	W. Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95908

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 503 Burgundy Alley - Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Katherine Love

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) 1 (Day) ..... (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Widowed

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Dickerson

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan Love

(Address) 503 Burgundy alley

Filed 12/5/1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 1 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1906 to Dec 1 1906

that I last saw her alive on Nov 31 1906,

and that death occurred, on the date stated above, at 6.00 P.M. The CAUSE OF DEATH was as follows:

Nephritis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H Edward Amerk M. D.

Dec 3 1906 (Address) 321 Hanover St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn

DATE OF BURIAL: Dec 5 1906

UNDERTAKER: C L [illegible]

ADDRESS: 108 or Montgomery

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 732 Lamont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Blanche Collins

{Residence, if in Baltimore, Give Street and Number.} 732 Lamont St

Duration of Residence in Baltimore. Life B95809

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unk 1

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Louis Collins

BIRTHPLACE OF FATHER (State or country) Unk.

MAIDEN NAME OF MOTHER Sarah Rhubottom

BIRTHPLACE OF MOTHER (State or country) Carroll Co Md

OCCUPATION OF DECEASED Housemaid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georgia Alamp

(Address) 1048 Penn Ave

Filed 12/5/1906 HARRY D. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Dec 4 1906

that I last saw h[illegible] alive on Dec 3 1906

and that death occurred, on the date stated above, at 4 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

3 mos (DURATION) DAYS

Contributory (Primary.) Acetanilid

3 mos (DURATION) DAYS

(Signed) V D Mount M.D.

Address 932 W Fayette St

Date Dec 4 1906

Place of Burial Laurel Cemetery

Date Dec 6 1906

Undertaker J. H. Owens & Son

Address 1222 Division St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH. 95910

(Place of Death.) No. 1208 N Charles St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Grace M Zell

{Residence, if in Baltimore, Give Street and Number.} 1208 N Charles St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 28th 1849

AGE: 57 years, 8 months, 6 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: James ~~Foster~~ Malcolm

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Rachel Cole

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Malcolm

(Address)

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1906 to Dec 4th 1906

that I last saw her alive on Dec 4th 1906

and that death occurred, on the date stated above, at 7.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Coma

(DURATION) 3 DAYS

Contributory (Primary) Cerebral Hemorrhage

(DURATION) 3 DAYS

(Signed) Wm F. Lawrence M.D.

Address 8 E. Eager St

Date Dec 4th 1906

Place of Burial Greenmount Cemetery

Date Dec 6 1906

Undertaker Stewart & Mowen Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~617~~ Balto. & Potomac R.R. near Lafayette Av. ~~St.~~ (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Turner

{ Residence, if in Baltimore, Give Street and Number. } 1617 N. Vincent st

Duration of Residence in Baltimore. Nine years B95911

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: Jan. 31 st 1834	
AGE: 72 years, 10 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md	
FULL NAME OF FATHER: Unknown	
BIRTHPLACE OF FATHER (State or country): Md.	
MAIDEN NAME OF MOTHER: Unknown	
BIRTHPLACE OF MOTHER (State or country): "	
OCCUPATION OF DECEASED: Laborer	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah F. Turner

(Address) 1617 Vincent St.

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 3rd 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Shock

Killed instantly (DURATION) DAYS

Contributory (Primary.) accidental

Rail road injuries (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Corner)

Date Dec. 4th 1906

Place of Burial Fair View & Bell Chapel Cem. Balto Co.

Date Dec. 6th 1906

Undertaker Thos. F. Ford

Address 1011 N. Calhoun St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 Registered No. B 153

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 W. Lafayette Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Martha Ruth Taylor

{Residence, if in Baltimore, Give Street and Number.} 616 W. Lafayette Ave

Duration of Residence in Baltimore. 23 days B95912

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov 11th 1906

AGE: ..... years, ... months, 23 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Taylor

BIRTHPLACE OF FATHER (State or country): Pennsylvania

MAIDEN NAME OF MOTHER: Mary Taylor

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Taylor

(Address) 616 W Lafayette Ave

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from birth 190 to death 190

that I last saw h[illegible] alive on Dec 2 1906,

and that death occurred, on the date stated above, at 3 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Inanition

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address 1002 W Lafayette Ave

Date Dec 5 1906

Place of Burial Western Cemetery

Date Dec 5th 1906

Undertaker Wm H Gaulbert

Address 911 N Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 95913 — Registered No. B 95913

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 624 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jos J. Batzer

{Residence, if in Baltimore, Give Street and Number.} 624 E. Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 25 1879

AGE 27 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER George Batzer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Debora Criss

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 624 E. Eager St

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3rd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19th 1906 to Dec 3rd 1906

that I last saw h alive on Dec 3 1906

and that death occurred, on the date stated above, at 11 a m. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 16 DAYS

Con'tributory (Primary.) Paralysis of the heart (DURATION) 10 days

(Signed) Eric Edwards M.D.

Address 2 W Centre St

Date Dec 5th 1906

Place of Burial Cathedral

Date Dec 6th 1906

Undertaker H. C. Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 95914 Registered No. B 95914

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 600 N. Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad A. Kuper

{ Residence, if in Baltimore, Give Street and Number. } 600 N Forrest St.

Duration of Residence in Baltimore. Life B95914

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 60 years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Francis J. Kuper

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothea Kuper

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Conrad Kuper

(Address)

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Sudden Death 190 to 190

that I last saw h— alive on — 19—, about 4

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N Caroline Corner

Date Dec. 5 1906

Place of Burial New Cathedral Cemetery

Date Dec 6 190

Undertaker Henry Hardesty

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 95915 Registered No. B 77

CERTIFICATE OF DEATH.

(Place of Death.) No. 425 Myrtle Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Marshal Parker

{ Residence, if in Baltimore, Give Street and Number. } 425 Myrtle Ave

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	March 9 1858
AGE	48 years, 8 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillie Parker

(Address) 425 Myrtle Ave

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24 1906 to Dec. 3 1906

that I last saw h in alive on Dec. 3 1906

and that death occurred, on the date stated above, at 11 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Cardiac Lesion

Cyrrhosis of Liver & Dropsy (DURATION) DAYS

(Signed) Jno. G. Stifler M.D.

Address 206 N. Fulton Ave

Date December 4 1906

Place of Burial Laurel

Date Dec 6 1906

Undertaker Alford & Trueman

Address 1062 W. Belvedere St.

4

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 895 Paca St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Jones

{Residence, if in Baltimore, Give Street and Number.} 895 Paca St

Duration of Residence in Baltimore. B95916

PERSONAL AND STATISTICAL PARTICULARS	
SEX M	COLOR C
DATE OF BIRTH 1	
AGE 60 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married	
BIRTHPLACE (State or country) —	
FULL NAME OF FATHER —	
BIRTHPLACE OF FATHER (State or country) —	
MAIDEN NAME OF MOTHER —	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 that I last saw h alive on 190, and that death occurred, on the date stated above, at .M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Dec 7 190 6

Place of Burial SOUTHERN HOME CEMETERY CO. DEC 4 - 1906

Date 190

Undertaker S. [illegible] Smith,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***time and date of death.***

184

Ward ..... 5551. Reg. No. 179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Snowden

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. 2 months B95917

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: July 15 1906

AGE: — years, 5 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): Edgward Co. Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1906 to Dec. 3 1906 that I last saw h[illegible] alive on Dec 2 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Dec. 3 1906

Place SOUTHERN HOMŒ. MED. CO.

Date DEC 4 1906 190

Undertaker Health Department

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward X Registered No. B 895918

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 S. Ann St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Cooper

{Residence, if in Baltimore, Give Street and Number.} 812 S. Ann St.

Duration of Residence in Baltimore. Life B 95918

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Feb. 3rd 1869
AGE	37 years, 10 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	James Cooper
BIRTHPLACE OF FATHER (State or country)	Austria
MAIDEN NAME OF MOTHER	don't Know
BIRTHPLACE OF MOTHER (State or country)	" "
OCCUPATION OF DECEASED	Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Cooper

(Address) 812 S. Ann St.

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1906 to Dec 4 1906

that I last saw h[illegible] alive on Dec 3 1906,

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

Uraemia (DURATION) DAYS

(Signed) Albertus Collins M.D.

Address 1828 E. Balto

Date Dec 4th 1906

Place of Burial St. Stanislaus Cem.

Date Dec. 6th 1906

Undertaker Germanus Franz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95919

CERTIFICATE OF DEATH.

(Place of Death.) No. 258 — N. Bruce St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jamie Nash

{ Residence, if in Baltimore, Give Street and Number. } 258 N. Bruce

Duration of Residence in Baltimore. 4 yr 895919

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Essex County Va

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank West

(Address) 258 N. Bruce St.

Filed 12/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 3 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 1906

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Broncho Pneumonia

... (DURATION) ... DAYS

Contributory (Primary.) Cured

... (DURATION) ... DAYS

(Signed) J. Isaac Jones M.D.

Address Corner Fulton & Oregon

Date Dec 4 1906

Place of Burial Mt Olivet Cemetery

Date December 6th 1906

Undertaker Felix A. Pye.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

95920

CERTIFICATE OF DEATH.

14

Place of Death.) No. 22 S. Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susie Bedford

{ Residence, if in Baltimore, Give Street and Number. } 22 S. Stockton

Duration of Residence in Baltimore. 40yr B95920

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1 .....

AGE 48 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard Co Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Bedford.

(Address) 22 S. Stockton St.

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2nd 1906

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to Dec 2nd 1906

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Suddenly

(DURATION) DAYS

Contributory (Primary) Organic Heart Disease

(DURATION) DAYS

(Signed) Edward Hoen M.D.

Address Coroners Office

Date Dec 4th 1906

Place of Burial Mt Auburn Cemetery

Date December 6th 1906

Undertaker Felix R Pyes.

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95921

City of Baltimore, (No. 31, St Catherine St.; 20 Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Arnold

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March (Month) 15 (Day) 1832 (Year)

AGE: 74 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Stonecutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fanny E Schad

(Address) Paradise, Catonsville

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 4 1906 to Dec 5 1906 that I last saw h[illegible] alive on Dec 4 1906, and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis & Emphysema (DURATION) 10 yrs

Contributory Old Age (DURATION) DAYS

(Signed) Howard W Jones M. D.

Dec 6 1906 (Address) Irvington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Dec. 7. 1906

UNDERTAKER: C. W. Dill — ADDRESS: 810 Fredk. ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95922

City of Baltimore, (No. 117 W. Hamburg St., 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louisa Lacrb.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 18 1850 (Month) (Day) (Year)
AGE	57 years, 4 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Slitt Daughter

(Address) 117 W. Hamburg St

Filed 12/5 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 3rd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1906 to Dec 3rd 1906

that I last saw her alive on Dec 3rd 1906,

and that death occurred, on the date stated above, at 12 30 A.M. The CAUSE OF DEATH was as follows:

Cardiac Syncope.

(DURATION) DAYS

Contributory Arteriosclerosis.

(DURATION) DAYS

(Signed) Henry Fulpschmidt M. D.

1906 (Address) 923 Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cem	Dec 6th 1906
UNDERTAKER	ADDRESS
B Schlosman & Son	1049 Hanover St

Ward 95923

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 1545 S. Charles St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Rose

{ Residence, if in Baltimore, Give Street and Number. } 1545 S. Charles St

Duration of Residence in Baltimore. 45 yrs B 95923

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 30 1859

AGE: 47 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Rose

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Amelia Boedecker

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cigar Manufacturer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Rose (wife)

(Address) 1545 S Charles St

Filed 12/5 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 4 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ~~alive on~~ ..... 190 .....,

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) H. McReinhardt M.D.

Address Coroner

Date December 5 1906

Place of Burial Loudon Park

Date Dec 7 06

Undertaker E Schluraeus & Son

Address 1039 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95924

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2817 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Beatrice Klima

{ Residence, if in Baltimore, Give Street and Number. } 2817 E. Fayette St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 23 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Thomas

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Fanny Woodburn

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gravotny

(Address) 18 40 Lombard St

Filed 12/5 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1906

I HEREBY CERTIFY, That I attended deceased from April 1906 to Dec 4 1906 that I last saw her alive on Oct 1906, and that death occurred, on the date stated above, at 4.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis - Acute

(DURATION) DAYS

Contributory (Primary.) Exhaustion

about 6 months (DURATION) DAYS

(Signed) Albertus Cullen M.D.

Address 1828 E. Baltimore

Date Dec - 5th 1906

Place of Burial Holy Redeemer

Date Dec. 7 1906

Undertaker Frank Brach

Address 1924 Eastern Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Ellen Dillon

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. B95925

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: Dec 1 1840

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James O'Brien

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Bridget Cooley

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley Sts

Filed 12/5 1906 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4th 1906

I HEREBY CERTIFY, That I attended deceased from No Record 190 to 190

that I last saw h Sr alive on Dec 2 1906

and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

2 weeks (DURATION) DAYS

Contributory (Primary.)

Cy haustion (DURATION) DAYS

(Signed) F. A. Abrams M.D.

Address 1133 Valley St

Date Dec 5 1906

Place of Burial Cathedral Cem

Date Dec 6th 1906

Undertaker H C. Medfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Kryjica

{Residence, if in Baltimore, Give Street and Number.} 1528 Lancaster Av

Duration of Residence in Baltimore. Life Time B95926

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1870

AGE: 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jacob Kryjica

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: Mary Pazgeb

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed Dec 6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Dec 4 1906 that I last saw h[illegible] alive on Dec. 4 1906, and that death occurred, on the date stated above, at 4.50 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Pneumonia

..... (DURATION) ..... DAYS

(Signed) J Stuart Leahy M.D.

Address Bay View Hospital

Date Dec 5 1906

Place of Burial Holy Rosary

Date Dec 6 1906

Undertaker Jacob Trzaskowski

Address 1425 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B9592 7

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 54 Jasper St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Claudine Albright

{Residence, if in Baltimore, Give Street and Number.} 2020 Alexander St. (Alicanna St) a. 05

Duration of Residence in Baltimore. 25 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Not Known.

BIRTHPLACE (State or country) Wilmington Del

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr C. Willis

(Address) Wilmington Del.

Filed Dec 6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at 630 A. M. CAUSE OF DEATH (Secondary or Immediate

Cirrhosis of Liver

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Geo. H. Camalier M.D.

Address Coroners Office

Date Dec - 4 - 06 1906

Place of Burial St Paul cemetery

Date Dec. 6th 1906

Undertaker J. B. Schuster Son

Address 1735 Alicanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 95920 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 32 E. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jonat Glick 895928

{ Residence, if in Baltimore, Give Street and Number. } 32 E. York

Duration of Residence in Baltimore. 6 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH 1

AGE 25 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jacob Scatter

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Brannycooper

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Menyer Glick

(Address) 32 York St.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30 1906 to Dec 5 1906 that I last saw h[illegible] alive on Dec 4 1906, and that death occurred, on the date stated above, at 2½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 3 months DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Harry Gross M.D.

Address 1340 S. Charles St.

Date Dec 5, 1906

Place of Burial Washington Rd Hebrew

Date Dec 6, 1906

Undertaker Max Levinson

Address 1131 Low St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95929

City of Baltimore, (No. 1707, E Pratt St.; 2 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Milton Bury

PERSONAL AND STATISTICAL PARTICULARS

SEX M

COLOR W

DATE OF BIRTH Nov. (Month) 17 (Day) 1906 (Year)

AGE — years, — months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles Bury

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Gertrude Newburger

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Newburger

(Address) 1717 E Pratt St.

Filed 12/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 5 1906

that I last saw him alive on Dec 5 1906,

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Congenital Malformation of Cranial

(DURATION) — DAYS

Contributory —

(DURATION) — DAYS

(Signed) H Rivett M. D.

Dec 5 1906 (Address) 1038 Bolton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip Rd Pikesville

DATE OF BURIAL Dec 6, 1906

UNDERTAKER Max Levinson

ADDRESS 1138 Low st.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1809 N Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Barbara Agnes Albrecht

{ Residence, if in Baltimore, Give Street and Number. } 1809 N Lombard

Duration of Residence in Baltimore. 50yrs B95930

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 28 1834

AGE 72 years, 9 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Unknown.

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis H. Krueger.

(Address) 1809 N. Lombard.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 3 1906 to Dec 5 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

Sudden

(DURATION) DAYS

Contributory (Primary.) Organic

Heart Disease (DURATION) years DAYS

(Signed) C. Irving Jones M.D.

Address Coroner's Phy

Date Dec. 5th 1906

Place of Burial London Park.

Date Dec. 7th 1906

Undertaker Jno & Jas John H. Deaver

Address S.W. Cor. Fayette & Fremont Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 809 N. Eden St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louisa Wilson

{Residence, if in Baltimore, Give Street and Number.} 809 N. Eden St.

Duration of Residence in Baltimore. Lifetime 895931

PERSONAL AND STATISTICAL PARTICULARS

SEX Female. COLOR White

DATE OF BIRTH Dec 20th 1877

AGE 28 years, 11 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER Ferdinand Lauf

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie Steck

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Lauf

(Address) 1546 Holbrook St.

Filed 12/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 17, 1906 to Dec 5, 1906 that I last saw her alive on Dec 5, 1906, and that death occurred, on the date stated above, at 7.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Several Months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. R. Stewell M.D.

Address 1241 Maryland Ave

Date Dec 6 1906

Place of Burial London Park Cem

Date Dec. 8th 1906

Undertaker Jas & Jno W. Tendel

Address 1114 Cor Fayette & Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person eased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95932

City of Baltimore, (No. 30 Do Register St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Lawson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: African

DATE OF BIRTH: Apr 10 1906 (Month) (Day) (Year)

AGE: ..... years, 8 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Lawson

BIRTHPLACE OF FATHER (State or country): N. Carolina

MAIDEN NAME OF MOTHER: Fannie Neill

BIRTHPLACE OF MOTHER (State or country): N Carolina

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laha Lawson

(Address) 30 S Regester

Filed 12/6 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Dec 5 1906 that I last saw her alive on Dec 5 1906, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

5 days (DURATION) ..... DAYS

Contributory ✓

..... (DURATION) ..... DAYS

(Signed) C J Carnes M. D.

Dec 5 1906 (Address) 1740 E Balto St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury ✓

DATE OF BURIAL: Dec 7th 1906

UNDERTAKER: Wm J S Jackson

ADDRESS: 1421 Mulliken St

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... 5535

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1220- Bayard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vance Murray

{ Residence, if in Baltimore, Give Street and Number. } 1220 Bayard

Duration of Residence in Baltimore. 30

B95933

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Black

DATE OF BIRTH: 1

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Rochester Co md

FULL NAME OF FATHER: Dont. Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Murray

(Address) 1220 Bayard St

Filed 12/6 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 4th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 3 1906 to Dec 4 1906

that I last saw h... alive on ... 1906

and that death occurred, on the date stated above, at 5.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Vertigo

Cardiac Dilatation

(DURATION) ... DAYS

Contributory (Primary) Organic

(DURATION) ... DAYS

(Signed) C. Irvine Jones M.D.

Coroners Asst

Address ...

Date Dec - 5th 1906

Place of Burial Mt auburn Cem

Date Dec 7 1906

Undertaker Jno N. Toadvine

Address 142 w Lexington St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95934

City of Baltimore, (No. 1 Place Parish alley Const S. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Smith

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Black
DATE OF BIRTH	Dec. 1 1905 (Month) (Day) (Year)
AGE	1 years, 3 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	Grant Smith
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Lula Lewis
BIRTHPLACE OF MOTHER (State or country)	Carl tell
OCCUPATION OF DECEASED	[illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Warnack

(Address) 1. Vmont st

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec. 4 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Dec 4 1906 that I last saw him alive on Dec 4 1906, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory

(DURATION) DAYS

(Signed) G. N. Slater M. D.

Dec 5 1906 (Address) 1703 W Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 6th 1906
UNDERTAKER	ADDRESS
Felix B Pyle	102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 946 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Estella Cooper Speales

{ Residence, if in Baltimore, Give Street and Number. } 946 Druid Hill ave

Duration of Residence in Baltimore. Lifetime B95935

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto

DATE OF BIRTH: Nov. 2nd 1878.

AGE: 28 years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Richard W. Cooper

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Hester Parks

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Upshur.

(Address) 946 Druid Hills Ave.

Filed 12/6 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 4th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 22nd 1906 to Dec 3rd 1906 that I last saw h er alive on " " 1906, and that death occurred, on the date stated above, at 11 p m.

CAUSE OF DEATH (Secondary or Immediate)

Heart failure

(DURATION) DAYS

Contributory (Primary.) Rheumatism.

(DURATION) 16 DAYS

(Signed) K. Le Baker Kelly M.D.

Address 930 McCulloh St

Date Dec. 5th 1906

Place of Burial Mt Auburn Cemetery

Date December 7th 1906

Undertaker Felix A Pyer

Address 102 E Mulberry St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 Valley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Murphy

{ Residence, if in Baltimore, Give Street and Number. } 1105 Valley St.

Duration of Residence in Baltimore. Life B95936

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Sept. 26 1906

AGE ..... years, 2 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Owen J. Murphy

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Ella A. White

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Owen J. Murphy

(Address) 1105 Valley St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 23d 1906 to Dec 5th 1906

that I last saw her alive on Dec 5th 1906

and that death occurred, on the date stated above, at 11 a.m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) ? DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Aisquith St

Date Dec 5th 1906

Place of Burial St. Mary's Cemetery Evanston

Date Dec. 6th 1906

Undertaker Jenus Wood Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

93.

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward Stehl

{Residence, if in Baltimore, Give Street and Number.} 318 Pearl St.

Duration of Residence in Baltimore. All his life B95937

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 11 1872

AGE 34 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Henry Stehl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER not known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Stehl

(Address) 705 N. Calhoun St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to Dec. 4 1906 that I last saw him alive on Dec. 4 1906, and that death occurred, on the date stated above, at 10:50 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) DAYS

Contributory (Primary) Lobar pneumonia

(DURATION) 8 DAYS

(Signed) W. W. Ohir M.D.

Address University Hospital

Date December 4 1906

Place of Burial Loudon Park

Date Dec. 6 1906.

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95938

City of Baltimore, (No. 1945 Ridgewood Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida J. Keller

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov. (Month) 11 (Day) 1906 (Year)

AGE ... years, ... months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Wm Keller

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Sarah E. Rinck.

BIRTHPLACE OF MOTHER (State or country) Penna.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Keller

(Address) 1945 Ridgewood av.

Filed 12/16 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Dec 5 1906

that I last saw h[er] alive on Dec 5th 1906,

and that death occurred, on the date stated above, at 7.20 P. M. The CAUSE OF DEATH was as follows:

Cyanosis Neurasthenia.

Four weeks (DURATION) DAYS

Contributory Bronchitis

(DURATION) 10 DAYS

(Signed) Edw Smith M. D.

Dec 5 1906 (Address) 1605 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Dec 7 1906
UNDERTAKER	ADDRESS
Wm E C Lenoweth & Son	919 3rd Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 05939

City of Baltimore, (No. 264 Robert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia A Earickson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April (Month) 18 (Day) 31 (Year)

AGE 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John W Gibson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Ann Carter

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J E Earleson

(Address) 264 Robert St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Several years ago to Dec 5 1906

that I last saw her alive on Dec 4 1906,

and that death occurred, on the date stated above, at 12 Noon Ns. The CAUSE OF DEATH was as follows:

Exhaustion

(DURATION) 10 DAYS

Contributory General Debility

(DURATION) 20 DAYS

(Signed) B C Caelin M. D.

Dec 6 1906 (Address) 1414 Linden Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Olivet Cem | DATE OF BURIAL Dec 7 1906

UNDERTAKER E M Mitchell | ADDRESS 1201 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

12/6/1

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miss Fannie King

{ Residence, if in Baltimore, Give Street and Number. } Davidsonville, Maryland

Duration of Residence in Baltimore Since Nov 6/06 B95940

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1886

AGE 20 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Davidsonville Md

FULL NAME OF FATHER George King

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Louise —

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) Hospital Annex.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5th 1906 190

I HEREBY CERTIFY, That I attended deceased from Nov. 6 1906 to Dec. 5th 1906 that I last saw her alive on Dec. 4 1906, and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Sepsis -

..... (DURATION) DAYS

Contributory (Primary.) Tuberculous abscess of pelvis (DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date December 5 1906

Place of Burial Annapolis Md.

Date Dec. 6" 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1602 Bolton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carter Braxton

{Residence, if in Baltimore, Give Street and Number.} 1602 Bolton St

Duration of Residence in Baltimore. B95941

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) V.A

FULL NAME OF FATHER Carter Braxton

BIRTHPLACE OF FATHER (State or country) V.A

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy Tinsley

(Address) 1528 or Bond St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Dec 4 1906

that I last saw him alive on Dec 4 1906,

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Pulmonary tuberculosis (DURATION) 6 mos

(Signed) John E Buck M.D.

Address 647 N Eutaw

Date Dec 5 1906

Place of Burial Mt Zion

Date Dec 7 1906

Undertaker Alex Hemsley

Address 578 W. Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95942

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Arthur Maddux

{ Residence, if in Baltimore, Give Street and Number. } Westmoreland, Va.

Duration of Residence in Baltimore. —

B95942

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ....1....

AGE 56 years ... months ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Do Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Grace Linley

(Address) 314 Parish alley

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1906 to Dec. 5 1906

that I last saw h[im] alive on Dec. 5 1906,

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) - Carcinoma

(DURATION) DAYS

(Signed) J. H. Smith Jr. M.D.

Address University Hospt.

Date Dec. 6 1906

Place of Burial Westmoreland Westmoreland Co Va

Date Dec 7 1906

Undertaker Alex H Linsley

Address 578 N Bickett St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker employed by the person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full** [illegible] deceased, and the **cause and date of death** [illegible] married or single) of the person

CERTIFICATE OF DEATH.

(Place of Death.) No. 1412 Druid Hill Ave St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Mary A. Mason

{Residence, if in Baltimore, Give Street and Number.} 1412 Druid Hill Ave

Duration of Residence in Baltimore. 3 days B95943

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: James Readmon

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Mary A. Readmon

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mason

(Address) 1412 Druid Hill Ave.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Dec 6 1906

that I last saw her alive on Dec 5 1906

and that death occurred, on the date stated above, at 3½ A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 3 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 6 M

(Signed) John E Finck M.D.

Address 647 W Lafayette Ave

Date Dec 6 1906

Place of Burial Millenbeck Va

Date Dec. 6 1906

Undertaker Alex. Hemsley

Address 578 W. Biddle Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V

95944 Registered No. B

CERTIFICATE OF DEATH.

47

(Place of Death.) No. 31 Hafer St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Nelok

{Residence, if in Baltimore, Give Street and Number.} 31 Hafer st.

Duration of Residence in Baltimore. 51 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 10th 1839

AGE: 67 years, 11 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Nelok

(Address) 6 Hafer St.

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 5th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 24th 1906 to Dec 5th 1906 that I last saw h. alive on Dec 4th 1906, and that death occurred, on the date stated above, at 12-10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 12 DAYS

Contributory (Primary) Rheumatism, Valvular disease of Heart Dropsy (DURATION) 3yrs DAYS

(Signed) H. W. Webner M.D.

Address 723 W. Lombard St.

Date Dec 5th 1906

Place of Burial London Park

Date Dec 7 190

Undertaker Mrs Geo Paulus

Address 2101 Frederick ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95540

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 2824 Hudson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Hartlove

{Residence, if in Baltimore, Give Street and Number.} 2824 Hudson

Duration of Residence in Baltimore. Life B95945

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 1st 1836

AGE: 70 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Geo. R. Hartlove

BIRTHPLACE OF FATHER (State or country): D. C.

MAIDEN NAME OF MOTHER: Catherine Simms

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bennetter Hartlove

(Address) 2824 Hudson St.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1906

I HEREBY CERTIFY, That I attended deceased from May 15 1906 to Dec. 5 1906 that I last saw h[im] alive on Dec. 4 1906, and that death occurred, on the date stated above, at 9:30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) — DAYS

Contributory (Primary.) Chronic Endocarditis

(DURATION) — DAYS

(Signed) M. J. McAvoy M.D.

Address 839 S. Caylton St

Date Dec. 6 1906

Place of Burial Mt Carmel

Date December 7th 1906

Undertaker H. SAUERS & SONS.

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 B5946 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 2608 Foster Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Conrad Altvater

{ Residence, if in Baltimore, Give Street and Number. } 2606 Foster Ave

Duration of Residence in Baltimore. 60 years— B95946

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 29th 1840

AGE: 66 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Altvater

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Wasserracht

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Billposter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan P. Altvater

(Address) 509 S. Chapel St.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decbr 2d 1906

I HEREBY CERTIFY, That I attended deceased from Novbr 25th 1906 to Dec 2d 1906

that I last saw him alive on Dec 2d 1906

and that death occurred, on the date stated above, at 9.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

one week, (DURATION) DAYS

Contributory (Primary) Gastric Carcinoma

about 1 year (DURATION) DAYS

(Signed) Fredk A. Conradi M.D.

Address 2221 E. Balt. St

Date Decbr 3d 1906

Place of Burial Baltimore Cem

Date Dec. 6 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward .....

95947

CERTIFICATE OF DEATH.

50

(Place of Death.) No. 525 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George J. Zeller

{Residence, if in Baltimore, Give Street and Number.} 525 S. Dallas St.

Duration of Residence in Baltimore. life B95947

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 29th 1856

AGE: 50 years, 10 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Andrew Zeller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Marie Seager

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Zeller

(Address) 525 S. Dallas St.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 2 / 1906

I HEREBY CERTIFY, That I attended deceased from Oct 16 1906 to Dec 2 1906 that I last saw h im alive on Dec 2 1906, and that death occurred, on the date stated above, at 1245 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hiccough - Coma

(DURATION) 4 DAYS

Contributory (Primary.) Diabetes

(DURATION) 90 DAYS

(Signed) A. T. Border M.D.

Address 1904 E. Fayette St

Date Dec 4 1906

Place of Burial 1st Evangeli Cem

Date Dec. 6 1906

Undertaker HENRY SAUER & SONS,

Address S. E. Cor. Broadway & Baltimore Sts. and 1703-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95948

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 825 S Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herbert E Hopkins

{Residence, if in Baltimore, Give Street and Number.} 825 S Rose

Duration of Residence in Baltimore. Life B95948

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	July 28th 1906
AGE	years, 4 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Samuel Hopkins
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Minnie McElwee
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Hopkins

(Address) 825 S. Rose St.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 6 1906

that I last saw him alive on Dec 5 1906,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Fait Ave

Date Dec 6 1906

Place of Burial Baltimore Cem.

Date December 7th 1906

Undertaker H. CAMPBELL & SONS.

Address 1708 1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 93555 Registered No. B 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 22 N Chester St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Grace May Fisher

{Residence, if in Baltimore, Give Street and Number.} 22 N Chester

Duration of Residence in Baltimore. Life time 895949

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH June 10 1877

AGE 29 years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Isaac Fisher

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Elizabeth Gibson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs E. Gibson

(Address) 22 N Chester

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 4 1906 that I last saw her alive on Dec 3 1906, and that death occurred, on the date stated above, at 5.10 A.M. CAUSE OF DEATH (Secondary or Immediate) Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph G. Eisenberg M.D.

Address 2213 Orleans St

Date Dec 5 1906

Place of Burial Baltimore Cem

Date December 6 1906

Undertaker Weddemburn

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

154

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95950

Registered No. B

City of Baltimore, (No. 1231, N. Caroline St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah J McGlone

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Unknown (Month) (Day) 1831 (Year)
AGE	75 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	James Reed
BIRTHPLACE OF FATHER (State or country)	Unknown
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Unknown
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Mary E. Erdman

(Address) 1231 N. Caroline St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 6 1906 that I last saw h.. alive on Dec 5 1906, and that death occurred, on the date stated above, at 5.45 A. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis & Pneumonia of age - Been feeble & unable to attend to wants for several years

Several weeks' (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A. R. Cleveland M. D.

Dec 6 1906 (Address) 1241 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Balto Cemetery	Dec 8 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E Fayette Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95951

66

City of Baltimore, (No. 1833, W. Lombard St.; Ward) Registered No. B

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Margaret Harkness

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH

AGE About 68 years, (Month) months, (Day) days 1 (Year)

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Geo. Meyer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs A Walduck

(Address) 1833 W. Lombard St

Filed 12/6/ 1906

HENRY P. ANDREWS, REGISTRAR

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Dec. 4 1906 that I last saw her alive on Dec 4 1906 and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Paralysis

about

Contributory — (DURATION) 60 DAYS

(Signed) J. W. C. Cudd M. D.

Dec 5 1906 (Address) 93 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park DATE OF BURIAL Dec 7 1906

UNDERTAKER A S Marshall ADDRESS 353 Fulton

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95952

Registered No. B.....

City of Baltimore, (No. 103 W Barney St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Ruppert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May (Month) 30 (Day) 1872 (Year)

AGE: 34 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Ruppert

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Bowman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Naugent

(Address) 1924 Hanover St.

Filed 12/16 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 4 1906

that I last saw him alive on Dec 4 1906,

and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Hemorrhage

(DURATION) 2 DAYS

Contributory Pulmonary Tuberculosis (DURATION) Two days DAYS

(Signed) R E R Campbell M. D.

Dec 4 1906 (Address) 1644 Hanover St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL: Western Cemetery

DATE OF BURIAL: Dec 7 1906

UNDERTAKER: Jos. Stumtebeck

ADDRESS: 1318 Light

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 95955 Registered No. D

CERTIFICATE OF DEATH.

(Place of Death.) No. 909 Donnelly Ct St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Watkins

{ Residence, if in Baltimore, Give Street and Number. } 909 Donnelly Ct

Duration of Residence in Baltimore. Life 895953

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: B

DATE OF BIRTH: 1

AGE: — years, — months, 7 days

SINGLE, MARRIED, WIDOWED OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country): [redacted]

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Father —
(Informant)

(Address) 909 Donnelly Ct.

Filed 12/6 1906

HARRY C. ANDREES, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on — 190,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions
(Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fred'k Carruthers M.D.

Address Coppin Wend

Date Dec 6 1906

Place of Burial Laurel

Date Dec 6 1906

Undertaker R A Elliott

Address 508 Wagner Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 95954 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 945 Pear St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nettie Gaines

{Residence, if in Baltimore, Give Street and Number.} 945 Pear St Balto

Duration of Residence in Baltimore. Life B95954

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	—— 1
AGE	38 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	George H Sheridan
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Sarah R. Newman
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister Bessie Massey

(Address) 945 Pear St.

Filed 12/6 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec 4 1906

that I last saw her alive on Dec 4 1906,

and that death occurred, on the date stated above, at 11.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Neuralgia of Heart

(DURATION) DAYS

Contributory (Primary.) Rheumatism

Heart Trouble (DURATION) DAYS

(Signed) Samuel A Bair M.D.

Address 619 W Biddle

Date Balto Dec 4 1906 ✓

Place of Burial Laurel

Date Dec 6th 1906

Undertaker R F Elliott

Address 506 Rogers Ave ✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95955

City of Baltimore, (No. St. Francis' Convent, E. Chase St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Grace Cunningham 5 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Dark Mulatto.

DATE OF BIRTH Aug. (Month) 2 (Day) 1901 (Year)

AGE 5 years, 4 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) New York City.

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Mother Magdalen, O.P.

(Address) St. Francis' Convent, E. Chase St. Balto. Md.

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 25 1906 to Dec Nov 29 1906 that I last saw her alive on Nov 30 1906, and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Asthenia (DURATION) 7 DAYS

Contributory Marasmus (DURATION) One year DAYS

(Signed) Mary F. Dorsey M.D.

Dec 5. 1906. (Address) 1028 Hollins St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Holy Cross Cemetery

DATE OF BURIAL Dec 6 1906

UNDERTAKER Edward A. Byrne

ADDRESS 302 W. Bayard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95956

City of Baltimore, (No. 402 N. Greene St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leo Dwyer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 38 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Dwyer

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Mary Roche

OCCUPATION OF DECEASED: Hat Worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 12/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 5, 1906. (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28 1906 to Dec. 1 1906

that I last saw him alive on Dec. 1 1906,

and that death occurred, on the date stated above, at 2 a.m. The CAUSE OF DEATH was as follows:

Pulmonary and Laryngeal

Tuberculosis

Some years duration (DURATION) ..... DAYS

Contributory

(DURATION) ..... DAYS

(Signed) Sylvan Rassbeimer M. D.

Dec. 6 1906 (Address) 522 N. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 7 1906

UNDERTAKER: M Cadogan — ADDRESS: 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 95957 Registered No. B 95957.

19

CERTIFICATE OF DEATH.

(Place of Death.) No. 700 W. Mulberry St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James J. Applewhite

{Residence, if in Baltimore, Give Street and Number.} As above

Duration of Residence in Baltimore. 25 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Richard Applewhaite

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary M Casserly

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Saloon Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6 1906

I HEREBY CERTIFY, That I attended deceased from May 1906 to Dec. 6 1906

that I last saw h— alive on Dec. 6 1906,

and that death occurred, on the date stated above, at 2 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Heart Disease

(DURATION) DAYS

Con'tributory (Primary) —

(DURATION) DAYS

(Signed) Louis R. Palmer M.D.

Address 1021 Madison Ave.

Date Dec. 6 1906

Place of Burial New Cathedral

Date Dec 8 1906

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95958

City of Baltimore, (No. 433 McDonough St.; 7 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith Walker

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR B

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE ..... years, 2 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) m. d

FULL NAME OF FATHER George walker

BIRTHPLACE OF FATHER (State or country) m. d

MAIDEN NAME OF MOTHER annie Bell Stakes

BIRTHPLACE OF MOTHER (State or country) m. d

OCCUPATION OF DECEASED infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 433 mcdough st

Filed 12/6 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 4 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 4 1906

that I last saw her alive on Dec 3 1906,

and that death occurred, on the date stated above, at 6 a M. The CAUSE OF DEATH was as follows:

Inanition

(DURATION) ..... DAYS

Contributory Coma

(DURATION) ..... DAYS

(Signed) Alex S Sagl M. D.

12/4 1906 (Address) 727 4 Bdway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Asbury Cem

DATE OF BURIAL Dec 6 1906

UNDERTAKER E. Bryan

ADDRESS 2156 mcElderry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward ..... 95959 Registered No. B .....

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Jesse Sharf.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 895959

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Iron worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, S.....

(Address) BAY VIEW ASYLU

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Dec 5 1906

that I last saw him alive on Dec 5 1906,

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

Pulmonary Tuberculosis

Tubercular Bronchopneumonia (DURATION) ..... DAYS

Contributory (Primary.)

Exhaustion (DURATION) ..... DAYS

(Signed) Sterling Beatty M.D.

Address Bay View Hospital

Date Dec. 5 1906

Place of Burial UNIVERSITY OF MARYLAND

Date DEC 6 - 1906 1906

Undertaker William H Woodall

Address 1811 Aisquith

WM. J. C. DULANY CO., Baltimore.

ANATOMICAL PURPOSES

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of

Ward ..... 95960 Registered No. B 95960

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary F Bar[illegible]

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 4 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Dec 4 1906 that I last saw h[illegible] alive on Dec 4 1906, and that death occurred, on the date stated above, at 8 45

I. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

Bronchopneumonia

Pulmonary oedema

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) J Hutchings Mattison M.D.

Address Bay View Hospital

Date Dec. 5 1906

Place of Burial UNIVERSITY OF MARYLAND

Date DEC 6 - 1906 190

Undertaker William H Hoopes

Address 614 Aiken St

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

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CERTIFICATE OF DEATH.

(Place of Death.) From No. Mercy Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Robert Archibald Dobbin III

{ Residence, if in Baltimore, Give Street and Number. } 2o 113 West Fremont

Duration of Residence in Baltimore. Life

B95961

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	White
DATE OF BIRTH	Sept 22 1904
AGE	years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Howard Co Md
FULL NAME OF FATHER	Robt A Dobbin Jr
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Louisa Hemsley
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H Dobbin

(Address) 5h W Biddle St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1906

I HEREBY CERTIFY, That I attended deceased from Sept 22 1906 to Dec 6 1906 that I last saw him alive on Dec 6 1906, and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Spina Bifida
Hydrocephalus

Life (DURATION) — DAYS

Contributory (Primary.) Spina bifida
Hydrocephalus (DURATION) Life DAYS

(Signed) Geo H Dobbin MD.

Address 5h W Biddle St

Date Dec 6 1906

Place of Burial Green mount Cemetery

Date Dec 7th 06 1906

Undertaker Henry W Jenkins & Sons Co

Address 2233 W. Saratoga St

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95962

City of Baltimore, (No. 1928 Lansdowne St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maude F. M Fadden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 13 (Day) 1906 (Year)

AGE: ____ years, 8 months, 22 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Walter M Fadden

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Nora Cunningham

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter M Fadden

(Address) 1928 Lansdowne St

Filed Dec 6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 5 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec 5 1906

that I last saw her alive on Dec 5 1906,

and that death occurred, on the date stated above, at 2.35 P. M. The CAUSE OF DEATH was as follows:

I was not present at time of death but was called at 11 a m after death.

Broncho Pneumonia (DURATION) 3 DAYS

Contributory Malnutrition, (artificial feeding once birth) (DURATION) Life - DAYS

(Signed) Pearce Keating M. D.

Dec 6th 1906 (Address) 1823 St Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 7 1906

UNDERTAKER: Jos B. Cook — ADDRESS: 1003 M Balto

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95963

City of Baltimore, (No. 1820, McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Therese Altmeyer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 96 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Nothing

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. Berliner

(Address) 1820 McCulloh St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1901 to Dec 5 1906 that I last saw her alive on Dec 5 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Senility

..... (DURATION) ..... DAYS

Contributory F. Laceration

..... (DURATION) ..... DAYS

(Signed) A Samuels M. D.

Dec 6 1906 (Address) 2008 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL Balto Hebrew Cem | DATE OF BURIAL Dec 7 1906

UNDERTAKER Howard Sondheim | ADDRESS 923 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

Registered No. B 95964

CERTIFICATE OF DEATH.

(Place of Death.) No 1727 Thames St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Joseph Skurka

{Residence, if in Baltimore, Give Street and Number.} 1727 Thames St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1875 Jan 1

AGE 31 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER Tom Skurka

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER not Known

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Skurka

(Address) 1727 Thames St

Filed 12/6 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 5 1906

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on ~ 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis

(DURATION) DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Ludlow Comer M.D.

Address 320 E Lexington St

Date Dec 6 1906

Place of Burial St Stanislaus

Date Dec 7 1906

Undertaker Jacob Fialkowski

Address 428 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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95965

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1700 N. Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joanna E. Koch

PERSONAL AND STATISTICAL PARTICULARS

SEX: F.

COLOR: W.

DATE OF BIRTH: Oct 7 1836 (Month) (Day) (Year)

AGE: 80 years, 1 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) Washington Md.

Filed 12/8/1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6. 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 6. (12 a.m.) 1906 to Dec. 6. (4.20 a.m.) 1906

that I last saw her alive on Dec. 6. (3 a.m.) 1906,

and that death occurred, on the date stated above, at 4.20 a.m. The CAUSE OF DEATH was as follows:

Endocarditis (DURATION) 3 or 4 days

Contributory Pulmonary Edema (DURATION) 2½ hrs

(Signed) Lee H. Hartman M. D.

Dec. 6. 1906 (Address) 1121 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Washington Md. DATE OF BURIAL: Dec 7 1906

UNDERTAKER: Evans & Spence ADDRESS: 1187 Towsnt Royal ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

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(Place of Death.) No. 1509 W. Fayette B95966 St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily Virginia Simpson

{Residence, if in Baltimore, Give Street and Number.} 1509 W. Fayette St.

Duration of Residence in Baltimore. 50 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —

AGE 68 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) England

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo J Smith Co

(Address) 1000 W. Fayette St

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7. 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to Dec 7 1906 that I last saw her alive on Dec 6 1906, and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia

6 Months (DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edward H London M.D.

Address 1403 W Fayette St

Date Dec. 7. 1906

Place of Burial Baltimore County

Date Dec 9 1906

Undertaker Geo J Smith Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95967

City of Baltimore, (No. H, 1303 Brunt— St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hugh Stewart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Somerset Co, Md.

FULL NAME OF FATHER: Thos Shorter Stewart

BIRTHPLACE OF FATHER (State or country): Somerset Co. Md

MAIDEN NAME OF MOTHER: Lena Blake,

BIRTHPLACE OF MOTHER (State or country): Somerset Co. Md.

OCCUPATION OF DECEASED: Cooking

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Wallace

(Address) 1303 Brunt St.,

Filed 12/7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to ..... 190.....

that I last saw him alive on Nov. 30 1906,

and that death occurred, on the date stated above, at 6.45 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. A. Wales Jr. M. D.

Dec 6 1906 (Address) 1711 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 7 1906
UNDERTAKER	**ADDRESS**
Geo H Hooper	609 Litt Mon

WM. J. C. DULANY CO., BALTIMORE

Ward 10 95968 Registered No. B 95968

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1111 Greenmount ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elvina Curry B95968

{Residence, if in Baltimore, Give Street and Number.} 1111 Greenmount ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Madison Mayerman

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Elvinia Boone

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H. Curry

(Address) 212 N. Castle St.

Filed 12/7 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 5th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 29 1906 to Dec 5th 1906

that I last saw h[illegible] alive on Dec 5th 1906,

and that death occurred, on the date stated above, at 12:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Greenmount ave

Date Balto Dec 5th 1906

Place of Burial Loudon Park

Date Dec 8 1906

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward V 95969 Registered No. B

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1942 West Lexington St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Frances Gunther

{Residence, if in Baltimore, Give Street and Number.} 1942 W. Lexington St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH July 10th 1871

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Andrew J. Fitchett

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Winifred Connelly

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adam D. Gunther

(Address) 1942 W. Lexington St

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 4th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4th 1906 to Dec 4th 1906 that I last saw h alive on Dec 3rd 1906, and that death occurred, on the date stated above, at 3'25 P.M. CAUSE OF DEATH (Secondary or Immediate)

Uterine hemorrhage non puerperal

Anaemia following.

Heart failure

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) 60 DAYS

(Signed) E Bamm M.D.

Address 2017 Eutaw pl

Date Dec 5th 1906

Place of Burial Cathedral Cemetery

Date Dec 7 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 95970 Registered No. B

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1805 E. Madison St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Rayman

{ Residence, if in Baltimore, Give Street and Number. } 1805 E Madison St

Duration of Residence in Baltimore. B95970

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Wht.

DATE OF BIRTH: ..... 1.....

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Joseph Rayman

BIRTHPLACE OF FATHER (State or country): Europe

MAIDEN NAME OF MOTHER: Barbara Shmeck

BIRTHPLACE OF MOTHER (State or country): Europe

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Francis Rayman

(Address) 1805 E Madison St

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 6th 1906

I HEREBY CERTIFY, That I attended deceased from November 6th 1906 to Dec 6th 1906

that I last saw h sin alive on Dec 6th 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John L. Friedes M.D.

Address 9. E. Biddle St

Date Dec. 6th 1906

Place of Burial Holy Redeemer Cemetery

Date December 8. 1906

Undertaker Wm Cook

Address 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 95971 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1511 W. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clay Applegarth

{Residence, if in Baltimore, Give Street and Number.} 1511 W. Fayette St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 3, 1829

AGE: 77 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Robert T. Applegarth

BIRTHPLACE OF FATHER (State or country): Cambridge, Md.

MAIDEN NAME OF MOTHER: Margaret E. Compte

BIRTHPLACE OF MOTHER (State or country): Cambridge, Md.

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. H. Applegarth

(Address) 306 N. Gilmor St

Filed 12/7 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5 (a.m.) 1906 to Dec 6 (P.m.) 1906 that I last saw him alive on Dec 6 1906, and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(Arteriosclerosis was present)

12 hours (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Dec 6 1906

Place of Burial Balto Cemetery

Date Dec 8th 1906

Undertaker John W. Bell

Address 604 N. Charles St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 95972 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Trentzsch

{Residence, if in Baltimore, Give Street and Number.} 29 W. West Street

Duration of Residence in Baltimore. 21 Yrs. B95972

PERSONAL AND STATISTICAL PARTICULARS	
SEX	COLOR
Male	White
DATE OF BIRTH	May 19th 1863
AGE	43 years, 6 months, 17 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Herman C Trentzsch
BIRTHPLACE OF FATHER (State or country)	Germany.
MAIDEN NAME OF MOTHER	Amelia Steman
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augusta M Trentzsch

(Address) 29 W. West Street

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Dec. 6 1906

that I last saw him alive on Dec 6 1906,

and that death occurred, on the date stated above, at 3 17 a. m. CAUSE OF DEATH (Secondary or Immediate)

General Septicemia

(DURATION) DAYS

Contributory (Primary) Peri-nephric Abscess

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hospital

Date December 6 1906

Place of Burial Baltimore Cem

Date Dec 8th 1906

Undertaker C. Schlosman & Son

Address 109 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95973

City of Baltimore, (No. 2219, Oliver St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia A. Petri

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May (Month) 21 (Day) 1849 (Year)

AGE: 56 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germ

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Adelheid Siegfels

(Address) 2219 E. Oliver St.

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 6th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 29th 1906 to December 6th 1906

that I last saw h[er] alive on " " 1906,

and that death occurred, on the date stated above, at 6:10 P.M. The CAUSE OF DEATH was as follows:

1 Arteriosclerosis and Tumor

mar Pylorus

(DURATION) 2 years DAYS

Contributory Cardiac Asthenia and E

Exhaustion (DURATION) 8 DAYS

(Signed) Albert G. Singals M. D.

190 (Address) 202 N. Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Trinity Cem | DATE OF BURIAL: Dec 8th 1906

UNDERTAKER: E. Schluraud Son | ADDRESS: 29 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 95974 Registered No. B

CERTIFICATE OF DEATH.

77

(Place of Death.) No. 1211 E Biddle st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frederick W Decker

{Residence, if in Baltimore, Give Street and Number.} 1211 E Biddle st

Duration of Residence in Baltimore. Lifetime B95974

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	October 3rd 1863
AGE	43 years, 2 months, 3 days
SINGLE, ~~MARRIED~~, ~~WIDOWED~~, OR ~~DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Frederick Decker
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Margaret Dietrich
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Builder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Decker Father

(Address) 1211 E Biddle st

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	December ~~1st~~ 6th 1906

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1906 to Dec 6th 1906 that I last saw ~~him~~ alive on Dec 6th 1906, and that death occurred, on the date stated above, at 1110 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Neuralgia Ethmoidis

Several (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis

Over one Year (DURATION) DAYS

(Signed) Wilmer Bimton M.D.

Address S. W. Cor Calvert & Fayette

Date Dec 7th 1906

Place of Burial Baltimore Cemetary

Date December 9th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

enty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same ll be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 Registered No. 95975

CERTIFICATE OF DEATH.

(Place of Death.) No. 1543 E Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda E. Houlton

{Residence, if in Baltimore, Give Street and Number.} 1543 E. Madison st

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dont Know Record of Birth in Dept

AGE: 68 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: Merriott N Kirby

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jane K Price

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie E Myers

(Address) 1543 E Madison st

Filed 12/7 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6. 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 17. 1906 to Dec. 6. 1906

that I last saw h alive on " 2 1906,

and that death occurred, on the date stated above, at 6.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Uraemia (DURATION) 17 DAYS

Contributory (Primary.) Uraemic interstitial Nephritis (DURATION) 3 years

(Signed) Geo. A. Masteman M.D.

Address 1121 N Caroline St.

Date Balt. Dec. 6. 1906

Place of Burial Oak Lawn Cemetery

Date December 9th 1906

Undertaker George Schilling + Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BA

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95976

Registered No. B.....

City of Baltimore, (No. 129, N Oxford St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorthey V. Blankinship

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Aug (Month) 17 (Day) 1906 (Year)

AGE ..... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John W Blankinship

BIRTHPLACE OF FATHER (State or country) Talbot Co

MAIDEN NAME OF MOTHER Katie M Beckwith

BIRTHPLACE OF MOTHER (State or country) Talbot Co

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J W Blankinship

(Address) 129 N Ostend

Filed 12/6 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 7 1906

that I last saw her alive on Dec 6 1906,

and that death occurred, on the date stated above, at 9 H. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 7 DAYS

Contributory

Meningitis (DURATION) 2 DAYS

(Signed) J H Grahame M. D.

Dec 7 1907 (Address) 1303 Eyler

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Easton Talbot Co Md

DATE OF BURIAL DEC 7 1906

UNDERTAKER Armstrong Denny

ADDRESS 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 4 — 95577 — Register ... 92

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 E. Hamberg — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name ~~Faro~~ Antonino Faro

{Residence, if in Baltimore, Give Street and Number.} 106 Hamberg St.

Duration of Residence in Baltimore. Life time 895977

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: June 10th 1906

AGE: — years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): City.

FULL NAME OF FATHER: Joseph Faro.

BIRTHPLACE OF FATHER (State or country): Italy.

MAIDEN NAME OF MOTHER: Vincenza Reina.

BIRTHPLACE OF MOTHER (State or country): Italy.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Faro.

(Address) 106 E. Hamberg st.

Filed 12/7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 — 6 1906

I HEREBY CERTIFY, That I attended deceased from 11-25 1906 to 12-6 1906

that I last saw h[im] alive on 12-6 1906,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure.

(DURATION) 2 DAYS.

Contributory (Primary.) Broncho Pneumonia

(DURATION) 10 DAYS

(Signed) L. D'Emarco M.D.

Address 1604 Linden Ave

Date 12-7- 1906

Place of Burial St Vincent

Date DEC 8 - 1906 1906

Undertaker ...

Address ...

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death*.

Ward 7 95978 Registered No. B 95978

CERTIFICATE OF DEATH.

(Place of Death.) No. 1 Brunswick St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Rockel

{Residence, if in Baltimore, Give Street and Number.} 1 Brunswick St

Duration of Residence in Baltimore. 58 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: December 13 1826

AGE: 79 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Georg Rockel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Rockel

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired Plasterer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Rockel

(Address) 622 W. Fayette St

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 6 1906

I HEREBY CERTIFY, That I attended deceased from May 2 1902 to Dec. 5 1906 that I last saw him alive on Dec 5 1906, and that death occurred, on the date stated above, at 4.25 a M. CAUSE OF DEATH (Secondary or Immediate)

Brights disease
Asthma
Heart disease

(DURATION) 9 yr DAYS

Contributory (Primary.) asphyxia

(DURATION) — DAYS

(Signed) Asa L Wessels M.D.

Address 5-10 Frederick ave.

Date December 6 1906

Place of Burial London Park

Date Dec 8 1906

Undertaker Jos B Cook

Address 1003 Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 95979

Registered No. B

City of Baltimore, (No. 1613 N Broadway St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James John Neus

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Dec (Month) 5 (Day) 1906 (Year)

AGE ..... years, ... months, 2 days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Paul J Neus

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth M Coan

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul J Neus

(Address) 1613 N Broadway

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 6 1906

that I last saw h~~im~~ alive on Dec 6 1906,

and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH was as follows:

Convulsions Exhaustion

(DURATION) 12 hrs

Contributory Diffteria Croup Coloury

(DURATION) 8 DAYS

(Signed) R G Davis M. D.

Dec 7 1906 (Address) 607 N Caroline

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Dec 7 1906

UNDERTAKER R J Innes

ADDRESS 1642 N Broadway

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CI...

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95980

City of Baltimore, (No. 1729 N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME Instead of Street and number.]

FULL NAME Roland Stewart Lankam

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: Nov. (Month) 10 (Day) 1906 (Year)

AGE: 0 years, 0 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1729 N. Carey

FULL NAME OF FATHER: Lankam, Bernard S

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Williams, Daisy V

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bernard S Lankam

(Address) 1729 N Carey st

Filed 12/7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Dec. 6 1906

that I last saw h... alive on Dec 7 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Diarrhoea & Enteritis

DURATION 20 DAYS

Contributory Convulsions 48 hours DURATION DAYS

(Signed) J. Pollard LaBarre M. D.

Dec 7 1906 (Address) 1913 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 8 1906

UNDERTAKER: Josiah Seffer — ADDRESS: 1600 W Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 95951 — Registered No. 95951

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Antoni Mloch

{Residence, if in Baltimore, Give Street and Number.} — Schumacher & Co

Duration of Residence in Baltimore. Emigrant B95981

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: Dec. 3rd 1880

AGE: 26 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co

(Address) 7 S. Frey St.

Filed 12/7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 22 1906 to Dec 7 1906

that I last saw him alive on Dec 7 1906

and that death occurred, on the date stated above, at 6.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3. DAYS

Contributory (Primary) Typhoid fever 2 wks

(DURATION)

(Signed) W. A. Sorsby M.D.

Address City Hospital

Date December 7 1906

Place of Burial 1st Evangelical

Date Dec. 8th 1906

Undertaker H. Sands & Son

Address 918 Canton Av.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under this notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 9598 Registered No. B 124

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 W. Ware St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sallie Ellis

{ Residence, if in Baltimore, Give Street and Number. } 210 W. Ware St.

Duration of Residence in Baltimore. 8 years B95982

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: June 5 1889

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Robt Ellis

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Julia Sherman

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Martha Ellis

(Address) 215 Ware St.

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June 5 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs

17 hrs. (DURATION) ..... DAYS

Con'ributory (Primary) Tuberculosis, acute

Septicemia Embolic Purpura (DURATION) ..... DAYS

(Signed) Thos. L. Smith M.D. Coroner

Address 1818 N. Charles St

Date June 6 1906

Place of Burial Garrett Station, Sussex Co. Va.

Date December 8 1906

Undertaker Felix B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 95983 — Registered No. B 95983

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 Hargrove alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Virginia Bixby

{Residence, if in Baltimore, Give Street and Number.} 501 Hargrove alley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: Colored
DATE OF BIRTH: —	1
AGE: 55 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Thompson

(Address) 105 E. Paul St.

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Consumption 190 to — 190

that I last saw h — alive on — 190

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) — DAYS

Con'ributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Caroline St

Date Dec. 7 1906

Place of Burial Laurel Cemetery

Date Dec 8 1906

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 95984

City of Baltimore, (No. 513 N Bruce St. St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ella Lee Carter

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col.

DATE OF BIRTH: Oct. (Month) 1st (Day) 1887 (Year)

AGE: 19 years, 2 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Edgar Carter

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Malinda Robinson

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Servant (Domestic)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar Carter

(Address) 513 N Bruce St. 19th

Filed 12/7 1906

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 6th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22nd 1906 to Dec 6th 1906, that I last saw her alive on Dec. 6th 1906, and that death occurred, on the date stated above, at 4.20 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis extending to meninges of Brain; T. B. Meningitis

for duration 4 DAYS

Contributory Prostration & Syncope (DURATION) 2 DAYS

(Signed) J. Dawson Ceeder M. D.

Dec 6th 1906 (Address) 639 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: West Auburn Cemetery — DATE OF BURIAL: Dec 8 1906

UNDERTAKER: Felix B. Pyle — ADDRESS: 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

✓

Ward ....

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nannie Layton

{Residence, if in Baltimore, Give Street and Number.} 651 George St.

Duration of Residence in Baltimore. 24 yrs B95985

PERSONAL AND STATISTICAL PARTICULARS	
SEX F.	COLOR Colored
DATE OF BIRTH 1	
AGE 24 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED M	
BIRTHPLACE (State or country) Va	
FULL NAME OF FATHER Unknown	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr. Wm. Layton,

(Address) 651 George St.

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 5- 1906 to Dec. 5- 1906

that I last saw h[illegible] alive on Dec. 5- 1906 9.20

and that death occurred, on the date stated above, at ..... P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage & Shock following delivery

(DURATION) DAYS

Contributory (Primary.) Placenta Previa 7 mo. (DURATION) DAYS

(Signed) Wm. A. Dorsey M.D.

Address City Hospital

Date December 6 1906

Place of Burial Mt. Auburn Cemetery

Date December 8 1906

Undertaker Tulip B. Dye,

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10

CERTIFICATE OF DEATH.

26

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Johnson

{Residence, if in Baltimore, Give Street and Number.} Dorchester Co

Duration of Residence in Baltimore. 31yrs B95786

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 26 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Dorchester Co.

FULL NAME OF FATHER Jos Johnson

BIRTHPLACE OF FATHER (State or country) Dorchester Co

MAIDEN NAME OF MOTHER Melvina Broad

BIRTHPLACE OF MOTHER (State or country) Dorchester Co

OCCUPATION OF DECEASED Dredger.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F. Bryden

(Address) Md Penitentiary

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Feb 1906 to Dec 6 1906

that I last saw h[illegible] alive on Dec 6 1906

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Laryngeal Tuberculosis

8 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Snowden Bond M.D.

Address 1606 N. Charles

Date Dec 6th 1906

Place of Burial Sacred Heart.

Date Dec 7 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Registered No. 1120

CERTIFICATE OF DEATH.

(Place of Death.) No. 437 Kepler's Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Elizabeth Diggs

{ Residence, if in Baltimore, Give Street and Number. } 437 Kepler's Court

Duration of Residence in Baltimore. 27 yr B95987

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female / COLOR Black	DATE OF DEATH Dec - 5th 1906
DATE OF BIRTH May - 16 1864	I HEREBY CERTIFY, That I attended deceased from Dec 1 to Dec 5 1906
AGE 42 years, 6 months, 19 days	that I last saw h alive on 1906
SINGLE, MARRIED, WIDOWED, OR DIVORCED married	and that death occurred, on the date stated above, at 8.30 a m.
BIRTHPLACE (State or country) Dorchester Co Md	CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER Stephen Cole	Bright's Disease
BIRTHPLACE OF FATHER (State or country) Lexington Md	(DURATION) DAYS
MAIDEN NAME OF MOTHER Harriet ~~Cole~~	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) Unknown	(DURATION) DAYS
OCCUPATION OF DECEASED Housekeeper	(Signed) E Lewis Jones Coroner's Asst M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address
(Informant) Henry Diggs	Date Dec 8th 1906
(Address) 437 Kepler's Court	Place of Burial Mt Auburn Cem.
Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date Dec. 8th 1906
✓	Undertaker A. Jones
	Address 216 S Stricker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95988

City of Baltimore, (No. 912 N. Carrollton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie M Koch

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July (Month) 14 (Day) 1878 (Year)

AGE 28 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Peter Brotzman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Annie M. Mosher

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. G. Koch.

(Address) 910 & 912 N. Carrollton

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC - 7 1906 (Month) (Day) 190 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 190 to DEC - 7 1906 190

that I last saw h[illegible] alive on DEC - 7 1906 190,

and that death occurred, on the date stated above, at 9.15 a. m. The CAUSE OF DEATH was as follows:

Nephritis & Carcinoma Epithelioma Uterus

(DURATION) DAYS

Contributory Accidental Pneumonia

(DURATION) 15 DAYS

(Signed) Jno L Fetterhoff M. D.

DEC - 7 1906 (Address) N.E. Cor. Lafayette & Carrollton Aves

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park

DATE OF BURIAL Dec 10 1906

UNDERTAKER A. Jones

ADDRESS 2168 S. Stricker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 95989

City of Baltimore, (No. 1503 Kensett St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Vernon C. Grobs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Sept. (Month) 2 (Day) 1906 (Year)	
AGE: 1 years, 3 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: August Grobs	
BIRTHPLACE OF FATHER (State or country): Germany	
MAIDEN NAME OF MOTHER: Carolina Moina	
BIRTHPLACE OF MOTHER (State or country): Germany	
OCCUPATION OF DECEASED: non	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs August Grobs

(Address) 1503 Kensett st

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 6th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Dec 6 1906

that I last saw him alive on Dec 6 1906

and that death occurred, on the date stated above, at 5:30 P. M. The CAUSE OF DEATH was as follows:

Pneumonitis

(DURATION) 26 DAYS

Contributory Ex-haustion

(DURATION) 1 DAYS

(Signed) Thomas J. Talbot M. D.

Dec 6 1906 (Address) Eutaw & Wilson St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetary	Dec 8 1906
UNDERTAKER	ADDRESS
Wilbur H. Shriver	31 C Fremont

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95990

City of Baltimore, (No. 857 W Harlem Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mabel B. Frazier

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: March 12th (Month) (Day) 1903 (Year)
AGE: 3 years, 9 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): B. C
FULL NAME OF FATHER: Richard C Frazier
BIRTHPLACE OF FATHER (State or country): B. C.
MAIDEN NAME OF MOTHER: Mary Arnold
BIRTHPLACE OF MOTHER (State or country): A. A. Co
OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R Clarence Frazier
(Address) 857 Harlem Ave

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 7th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 6 1906 that I last saw h[er] alive on Dec 6th 1906, and that death occurred, on the date stated above, at 6- a. m. The CAUSE OF DEATH was as follows:

Heart Failure due to Diphtheria
(DURATION) 1 DAYS
Contributory Nothing
(DURATION) — DAYS

(Signed) Thomas J Hill M. D.
Dec 7 1906 (Address) 600 N Smithson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence
How long at Place of Death ✓ Days
Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem
DATE OF BURIAL: Dec 7 1906
UNDERTAKER: Chas. E. Francis
ADDRESS: 746 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

✓ 11 P.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 95991

City of Baltimore, (No. 54 Walbert ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Irene Marble

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	White
DATE OF BIRTH	Dec 6th 1888 (Month) Dec (Day) (Year)
AGE	18 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Frederick City
FULL NAME OF FATHER	Manuel L Marble
BIRTHPLACE OF FATHER (State or country)	Frederick Co
MAIDEN NAME OF MOTHER	Mamie Cross
BIRTHPLACE OF MOTHER (State or country)	Howard Co
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Mary E Marble

(Address) 54 Walbert Ave

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/6/1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Dec 6 1906 that I last saw h[illegible] alive on Dec 6 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 90 DAYS

Contributory Debility

(DURATION) DAYS

(Signed) H. S. Gorsuch M. D.

12/6/1906 (Address) 501-E-22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 8 1906
UNDERTAKER	ADDRESS
A. Hudgins	217

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

95992

Registered No. B .....

City of Baltimore, (No. 16 W Green St St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth C. Behringer

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ..... (Month) May (Day) 1 1853 (Year)

AGE 23 years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Charles Behringer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER .....

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Freda Behringer

(Address) 16 W Green St

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Dec 7th 1906

that I last saw h alive on Dec 6th 1906,

and that death occurred, on the date stated above, at .....

11. The CAUSE OF DEATH was as follows:

Acute Pulmonary Tuberculosis. Asthenia

.....(DURATION) ..... DAYS

Contributory .....

.....(DURATION) ..... DAYS

(Signed) John T. McCarthy M. D.

Dec 7th 1906 (Address) 606 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Druid Park | DATE OF BURIAL Dec 8 1906

UNDERTAKER J. Ahern & Co | ADDRESS 754 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 95993 Registered No. B 95993

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Penitentiary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno T Thomas

{ Residence, if in Baltimore, Give Street and Number. } 643 Ruxton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH 1

AGE 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Jno T Thomas

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Lizzie Thomas

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Fryler

(Address) Md Penitentiary

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov 27, 1906 to Dec 6 1906

that I last saw h alive on Dec 6 1906

and that death occurred, on the date stated above, at 7.20 P.M. CAUSE OF DEATH (Secondary or immediate)

Pneumonia

8 days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Theodore Lonsdale M.D.

Address 1828 N Charles St

Date Dec 7 1906

Place of Burial Laurel Cemetery

Date Dec 9 1906

Undertaker J Amos & Co

Address 754 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 ~~95695~~ Registered No. B 95994

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Stephen Jones

{Residence, if in Baltimore, Give Street and Number.} St Vincents Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1906

AGE ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed ..... 190.....

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/5/ 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 25 1906 to Dec 5 1906 that I last saw h— alive on Dec 5 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

Life

(DURATION) DAYS

Contributory (Primary.) 0

(DURATION) DAYS

(Signed) F. S. Gorsuch M.D.

Address Cor. 22nd St. & York Road

Date 12/6/ 1906

Place of Burial New Cathedral

Date Dec 7th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 95995 — Registered No. B [illegible] 95995-15

CERTIFICATE OF DEATH.

(Place of Death.) No. St Vincent's Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Long

{Residence, if in Baltimore, Give Street and Number.} St Vincent's Infant Asylum

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F.
COLOR	W.
DATE OF BIRTH	Oct 28 1906
AGE	years, 1 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) St. V. Asylum

Filed 12/7 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/5/1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Dec 5 1906

that I last saw her alive on Dec 5 1906

and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Life (DURATION) DAYS

Contributory (Primary.) Malnutrition

(DURATION) DAYS

(Signed) Stanley Gorsuch M.D.

Address 501 E 22nd St.

Date 12/6/ 1906

Place of Burial New Cathedral

Date Dec 7th 1906

Undertaker Martin Gahagan & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 18

Registered No. B 95996

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent's Infant Keeley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Taylor

{ Residence, if in Baltimore, Give Street and Number. } St. Vincent's Infant Keeley

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	M.
COLOR	W.
DATE OF BIRTH	Nov. 20 1906
AGE	..... years, ... months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 12/7 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/6/1906

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Dec 6 1906

that I last saw him alive on Dec 5 1906

and that death occurred, on the date stated above, at 7 M.

CAUSE OF DEATH (Secondary or Immediate)

Marasmus

Life

(DURATION) DAYS

Contributory (Primary) Duodenitis

(DURATION) DAYS

(Signed) H. S. Grosvenor M.D.

Address Co. 22nd Sat York Road

Date 12/6/1906

Place of Burial New Cathedral

Date Dec 7 1906

Undertaker Martin F'ahey & Sons

Address 106 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward.....

Registered No. B..... 95997 ~~95997~~ 104

CERTIFICATE OF DEATH.

Place of Death.) No. 550 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. J. Wilson

{ Residence, if in Baltimore, Give Street and Number. } 550 Orchard St.

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Afro-Am

DATE OF BIRTH: 1870 1

AGE: 36 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Barber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Wilson

(Address) 550 Orchard St

Filed 12/7 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6th, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12th 1906 to Dec. 6 1906 that I last saw h alive on Nov. 30th 1906, and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Ex Laparotomy,

Some Days (DURATION) DAYS

Contributory (Primary.) Gastritis

Some weeks (DURATION) DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mod. Ave

Date 12/7 1906

Place of Burial Mt Auburn Cemetery

Date Dec 8th 1906

Undertaker J. A. Pickett

Address 907 N Eutaw Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 Registered No. B 95998

CERTIFICATE OF DEATH.

132

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. M. T. Brady

{ Residence, if in Baltimore, Give Street and Number. } Overlea Balto. Co. Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W White

DATE OF BIRTH 1

AGE 25 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Co.

FULL NAME OF FATHER Philip A Kroh.

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary E

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Philip Kroh

(Address) Overlea.

Filed Dec 8th 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-7-1906

I HEREBY CERTIFY, That I attended deceased from 190 to 12-7-1906

that I last saw h alive on 12-7-1906,

and that death occurred, on the date stated above, at 7:4 A.M. CAUSE OF DEATH (Secondary or Immediate)

Peritonitis (ruptured)

(DURATION) 4 DAYS

Contributory (Primary.) Salpingitis

& ~~Suppuration~~ (DURATION) 14 DAYS

(Signed) H. V. Branham M.D

Address Franklin Sq. Hosp

Date December 7th 1906

Place of Burial Greenmount

Date Dec 9th 1906

Undertaker John E Krug Co

Address 1422 Pennsylvania Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 95999 Registered No. B 95999

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 E. Cross St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Haase

{Residence, if in Baltimore, Give Street and Number.} 205 E. Cross

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Dec 7 1906	
AGE 6 hours years, months, days	
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Herman Haase
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Katie Hehburg.
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Hehburg

(Address) 205 E. Cross St.

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Dec 7 1906 that I last saw h in alive on Dec 7 1906 and that death occurred, on the date stated above, at 11a M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H B. Burch M.D.

Address 828 N. Carrollton Ave

Date Dec 7 1906

Place of Burial Holy Cross Cemetery

Date Dec 8 1906

Undertaker Edward J Fanning

Address 1410 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 93000 Registered No. B 93000

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 414 N. Paca St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice M Rodgers

{ Residence, if in Baltimore, Give Street and Number. } 414 N. Paca St

Duration of Residence in Baltimore. 13 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX f | COLOR W

DATE OF BIRTH 1

AGE 51 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Wm M Hopkins

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Laura Hall

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W Rodgers

(Address) 414 N. Paca St.

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from a Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 11 30 M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Coroner

Address

Date Dec 8 1906

Place of Burial London Park

Date Dec 8 1906

Undertaker Armstrong Demy Co

Address 715 Light St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 96001 — Registered No. B 96001

CERTIFICATE OF DEATH.

79

(Place of Death.) No. #1501 Mullikin St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Oetterer

{Residence, if in Baltimore, Give Street and Number.} #1528 Mullikin St.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 2nd 1856 1
AGE	50 years, 2 months, 5 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Godfried Oeterer
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Rein

(Address) 111 N. Ann St.

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease (Sudden)

..... (DURATION) ..... DAYS

Con'ributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fredk Carrittee M.D.

Address Corner Mce

Date Dec 7 — 06 190

Place of Burial Baltimore Cemetery

Date 12/9/06 190

Undertaker J. Herwig & Son

Address #2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96002

City of Baltimore, (No. 226 E. Mr Henry St / N.W. Cor. Bentalou St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Bauer.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov 30th 1906, 1 year (Month) (Day)

AGE: ..... years, ... months, 8 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: Frank Bauer

BIRTHPLACE OF FATHER (State or country): Bavaria, Germany.

MAIDEN NAME OF MOTHER: Kunigunda Kroed.

BIRTHPLACE OF MOTHER (State or country): Bavaria, Germany

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. F. Volkman, M.D.

(Address) 16 Frederick Ave.

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 7th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1906 to Dec 7, 1906 that I last saw him alive on Dec 7, 1906, and that death occurred, on the date stated above, at 2:30 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia complicated with Inflammatory fever and general exhaustion. (DURATION) 2 DAYS

Contributory Contracting Cold by exposure to draft (DURATION) 3 DAYS

(Signed) A. F. Volkman, M. D.

Dec 8, 1906 (Address) 16 Frederick Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 8 1906

UNDERTAKER: W S Sink — ADDRESS: 2113 E. Pratt

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 96003 Registered No. B 96003

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Stevenson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joao Mello

{ Residence, if in Baltimore, Give Street and Number. } Boston Mass

Duration of Residence in Baltimore. enroute

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Don't know

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Portugal

FULL NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (State or country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (State or country) Don't know

OCCUPATION OF DECEASED Ship Steward

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt. D. W. Giles

(Address) Schooner Herbert L. Taft

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Drowned Nov 16. 1906 Body found floating Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Accidental

Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Otto Reinhardt M.D.

Address Coroner

Date December 1906

Place of Burial St Peters Cemetery

Date Dec 8th 1906

Undertaker Jos B. Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

Registered No. B 96004

96004

CERTIFICATE OF DEATH.

64

(Place of Death.) No. 511 East 22nd St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. A. Gardner.

{ Residence, if in Baltimore, Give Street and Number. } 511 East 22nd St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Feb 4 1842

AGE 64 years, 10 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Christopher Gardner

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Elizabeth Peacock

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Stage Director

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma V Gardner

(Address) 511 E 22nd St

Filed

190

HARRY C. ANDREWS,
PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1906.

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

(DURATION) DAYS

Contributory (Primary.) Cerebral Hemorrhage

(DURATION) DAYS

(Signed) Amelia Lutteneur M.D.
Coroner

Address 1818 N. Charles

Date Dec 7 1906

Place of Burial Green Mount

Date Dec 10 1906

Undertaker Jas B Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B .....

96005

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 435 W. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Afton Hawkins

{ Residence, if in Baltimore, Give Street and Number. } 435 W. Biddle

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Afric-Am

DATE OF BIRTH: January 6th 1905

AGE: ✓ years, 11 months, ✓ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Balto. City.

FULL NAME OF FATHER: Jacob Hawkins

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Edith Fitchett

BIRTHPLACE OF MOTHER (State or country): Balto. City

OCCUPATION OF DECEASED: ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Hawkins

(Address) 435 W. Biddle St.

Filed 12/8 1906 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Dec. 6 1906 that I last saw h[illegible] alive on Dec. 1st 1906, and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Broncho-Pneumonia

2 weeks (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 2 Yrs.

(Signed) A. Lee Ellis M.D.

Address 92 E Mt. Ave

Date Dec. 6th 1906

Place of Burial Mt. Auburn Cemetery

Date December 8 1906

Undertaker Isaac Brown

Address 565 W. Dolphin St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

13

95608

120

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96006

City of Baltimore, (No. 2100 Wallbrook Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles J Rina

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1845 (Year)

AGE: 61 years, —— months, —— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Charleston S-C

FULL NAME OF FATHER: John Rina

BIRTHPLACE OF FATHER (State or country): Charleston S-C

MAIDEN NAME OF MOTHER: Matilda Rina

BIRTHPLACE OF MOTHER (State or country): Charleston S-C

OCCUPATION OF DECEASED: Grocerymans

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Amelia V Rina

(Address) 2100 Wallbrook Ave

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 6 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 5 1906 to Dec 6 1906

that I last saw him alive on Dec 6 1906

and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows:

Uraemic Poison

(DURATION) 5 DAYS

Contributory Chronic Nephritis

(DURATION) 1 year ~~DAYS~~

(Signed) H E Miles Whelen M.D.

Dec 7th 1906 (Address) 1197 N. Mathews

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cem-	Dec 9 1906
UNDERTAKER	ADDRESS
Wm M. Gawthrop	911 N. Mathews Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96007 — Registered No. B 96007

CERTIFICATE OF DEATH.

40

(Place of Death.) No. 1005 E. Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Agnes Mullen

{Residence, if in Baltimore, Give Street and Number.} 1005 E. Eager St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Nov 7th 1861

AGE 45 years, — months, 30 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Michael J. Grady

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary E McGrath

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Hous Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emory J. Mullen

(Address) 1005 E. Eager St

Filed 12/8 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr Brown

917 St Paul

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6th 1906

I HEREBY CERTIFY, That I attended deceased from April 11 1906 to Dec. 6th 1906

that I last saw her alive on Dec. 6, 1906

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Inanition

Inability to retain food

for several months (DURATION) DAYS

Contributory (Primary.) cancer stomach

Eight months (DURATION) DAYS

(Signed) Frank E Brown M.D.

Address 926 E. Eager St

Date Dec 8th 1906

Place of Burial Cathedral Cem.

Date Dec 10 1906

Undertaker H. C. Niedefeldt

Address 914 Greenmount Ave

WM. J. C. DULANY CO., Baltimore.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 96008

City of Baltimore, (No. 240 S. Roland Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred Irene Tracey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female
COLOR: White
DATE OF BIRTH: July 20th (Month) (Day) 1906 (Year)
AGE: ..... years, 4 months, 17 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —
BIRTHPLACE (State or country): Balto City
FULL NAME OF FATHER: James H. Tracey
BIRTHPLACE OF FATHER (State or country): Balto Co
MAIDEN NAME OF MOTHER: Grace Sprinkle
BIRTHPLACE OF MOTHER (State or country): Balto City
OCCUPATION OF DECEASED: — — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Tracey
(Address) 240 Roland Ave

Filed ..... 190 .....

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 10 AM Dec 7 1906 to 8 P.M. Dec 7 1906 that I last saw h[er] alive ~~on~~ at " " " Dec 7 1906, and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Oedema of the Lungs

(DURATION) 1 DAYS

Contributory Bronchial Pneumonia (DURATION) 2 DAYS

(Signed) S. R. Wantz M. D.

Dec 8 1906 (Address) 765 - 3d Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Mary's - Cemetery Hampden
DATE OF BURIAL: Dec 9th 1906
UNDERTAKER: Wm E Chenoweth & Son
ADDRESS: 719 Third Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 96009 — Registered No. B 11 8

CERTIFICATE OF DEATH

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Samuel Dyson

{Residence, if in Baltimore, Give Street and Number.} 1304 Mulliken St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: April 15 1822

AGE: 15 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel J. Dyson.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Rebecca Miller.

BIRTHPLACE OF MOTHER (State or country): Africa

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Dyer.

(Address) 1304 Mulliken St

Filed 12/8/ 1906 HARRY C. ANDREWS PERRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 6 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 6 1906

that I last saw h[illegible] alive on Dec 6 1906,

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

appendicitis (acute)
General Peritonitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Richardson M.D.

Address Johns Hopkins Hosp.

Date 12/7 1906

Place of Burial Laurel Cemetery.

Date Dec 9 - 1906

Undertaker McGinnis - Carroll

Address 218 Cuyler St,

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96010

Registered No. B.....

City of Baltimore, (No. 823, Fine St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jane Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... 1 ..... (Month) (Day) Year)

AGE: 83 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland.

FULL NAME OF FATHER: Peter Jackson

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Jennie Jackson

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Washwoman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E Jones

(Address) 506 Rogers Ave

Filed 12/8/1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Decbr 5th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ..... 190... to Decbr 5 1906

that I last saw h.r alive on Decbr 5 1906,

and that death occurred, on the date stated above, at 11.50 P.M. The CAUSE OF DEATH was as follows:

Complete dilatation of Heart.

(DURATION) ..... DAYS

Contributory Mitral Regurgitation

(DURATION) ..... DAYS

(Signed) J. F. Lang M. D.

190... (Address) 933 N. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 8 1906
UNDERTAKER	ADDRESS
A. Ahern & Clatt	502 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 96011 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Vine St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Butler

{Residence, if in Baltimore, Give Street and Number.} 1005 Vine St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Blk
DATE OF BIRTH	Unknown 1
AGE	25 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Wells Butler
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Bettie Ransome
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bettie Morton

(Address) 1005 Vine St

Filed 12/8/1906 — SLC — Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5 1906

I HEREBY CERTIFY, That I attended deceased from Nov 23 1906 to Dec 4 1906

that I last saw h alive on Dec 4 1906,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phlebitis

Pulmonalis

Duration (DURATION) DAYS

Contributory (Primary.) Anthemia

(DURATION) 10 DAYS

(Signed) T. L. Norwood M.D.

Address 1139 W Fayette St

Date Dec 5 1906

Place of Burial Mt Auburn Cemetery

Date Dec 9 1906

Undertaker R McGillicuddy

Address 506 Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

012

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012

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2981/2 N. Vincent St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Col

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 43 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Tilden Brown

BIRTHPLACE OF FATHER (State or country): West River Calvert Co Md

MAIDEN NAME OF MOTHER: Barbara Hard

BIRTHPLACE OF MOTHER (State or country): Calvert Co Md

OCCUPATION OF DECEASED: Nurse Maid

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Alexander

(Address) 1224 Scarlton st

Filed 12/8/1906 HARRY S. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1906 to Dec 7 1906

that I last saw her alive on Dec 6 1906,

and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Hydro Thorax

(DURATION) 4 DAYS

Contributory Bronchitis

(DURATION) 10 DAYS

(Signed) A. T. VonAchen M. D. M. D.

Dec. 7 1907 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 10 1906
UNDERTAKER	ADDRESS
R. K. Gladhill	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 96013 — 96013 — Registered No. B

CERTIFICATE OF DEATH.

40

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lewis Matthews

{ Residence, if in Baltimore, Give Street and Number. } 607 Sterling St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: ..... 1 .....

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Spriggs

(Address) 607 Sterling St

Filed 12/8/ 1906 — HARRY [illegible] ANDREWS, [illegible] — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 6 1906

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Dec 6 1906

that I last saw h[illegible] alive on Dec 6 1906;

and that death occurred, on the date stated above, at 8 35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) W. H. MacCallum M.D.

Address Johns Hopkins Hospital

Date 12/6 1906

Place of Burial Laurel Cemetery

Date Dec 7 1906

Undertaker R. A. Elliott

Address 506 Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

95014

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 2311 Eastern Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Minnie Kettler

{ Residence, if in Baltimore, Give Street and Number. } No. 2311 Eastern Ave.

96014

Duration of Residence in Baltimore. 58 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 6th 1825

AGE: 81 years, 11 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Ger. Gunther

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick A. Kettler

(Address) 2311 Eastern Ave

Filed Dec. 8 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1906 to Dec. 6, 1906

that I last saw her alive on Dec. 6, 1906,

and that death occurred, on the date stated above, at 10.15 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 6 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) [illegible] M.D.,

Address 1112 Eutaw Place

Date Dec. 7 1906

Place of Burial Baltimore Cem

Date Dec. 9 1906

Undertaker HENRY SAUER & SONS,
S. E. Cor. Broadway & Balto. Sts.
and 1703-1710 Canton Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 Registered No. B 96015

CERTIFICATE OF DEATH.

(Place of Death.) No. 854 E. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Bellend de Lemmon

{ Residence, if in Baltimore, Give Street and Number. } 854 E. Dallas St.

Duration of Residence in Baltimore. Life. 96015

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 2nd 1906

AGE ..... years, 2 months 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Joseph Lemmon

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Annie Fink

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Lemmon

(Address) 854 E. Dallas St.

Filed Dec. 8 1906 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

Leith

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Dec 7 1906

that I last saw h alive on Dec 7 1906,

and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 2 DAYS

Contrlbutory (Primary.)

(DURATION) DAYS

(Signed) J. Wallace Lemmon M.D.

Address 16 S Broadway

Date Dec 8 1906

Place of Burial Ft. Carroll Cem

Date Dec 10 1906

Undertaker HENRY SAUER & SONS, S. E. Cor. Broadway & Balto Sts. and 1705-1710 Orleans Avenue

Address

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 96016

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2229 Etting St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Lillie Powers

{Residence, if in Baltimore, Give Street and Number.} 2229 Etting Street

Duration of Residence in Baltimore. 6 ms 9 months 96016

PERSONAL AND STATISTICAL PARTICULARS

SEX: Femal. | COLOR: Colored.

DATE OF BIRTH: 1889

AGE: 17 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Prince George Co.

FULL NAME OF FATHER: William Powers.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Rachel Steward

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jackson Powers.

(Address) 2229 Etting St.

Filed Dec 8 1906

HARRY C. ANDREE, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 7 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 4 1906 to Dec 7 1906

that I last saw h er alive on Dec 7 1906

and that death occurred, on the date stated above, at 9 p. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

About year (DURATION) — DAYS

Contributory (Primary) Of pneumonia

(DURATION) — DAYS

(Signed) Edward Wheatley M.D.

Address 1230 N. Hill Ave

Date Dec. 8 1906

Place of Burial Sea Brook. Prince Georges Co. Md.

Date Dec. 8. 1906

Undertaker Alex Hemsley

Address 518 N. Eddle St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 96017

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 341 Fremont St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Geo Vincent

{Residence, if in Baltimore, Give Street and Number.} 341 Fremont st 96017

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR Colored

DATE OF BIRTH — 1

AGE 45 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Fort Riva

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Vendor of Clams Fish &c

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Bell

(Address) 221 N. Dallas st

Filed Dec 8 1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

Taik

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Incidon 190 to death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Benj. D. Hayden M.D. Coroner

Address 1216 N. Carolina st

Date Dec. 7 1906

Place of Burial Laurel Cemetary

Date December 10 1906

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 96018

CERTIFICATE OF DEATH.

(Place of Death.) No. Belvieu Ind. av. & Bd. Sts. (in Patrol wagon) Hospital,

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Stellman Baer

{Residence, if in Baltimore, Give Street and Number.} 404 Front Road, Roland Park

Duration of Residence in Baltimore. 9 years at Roland Park. Has formerly his spent in Balto. City

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: May 26th 1904

AGE: 46 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Dr. E. R. Baer

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Virginia Lucas

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice A. Baer

(Address) 404 Front Road.

Filed

190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 7th 1906

I HEREBY CERTIFY, That I attended deceased from

190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Shock & Compression of the brain, due in a half hour after an accidental fall. (DURATION) DAYS

Contributory (Primary.) Accident

(DURATION) DAYS

(Signed) Silas Bateman M.D.

Address 700 Lof. av. (Coroner)

Date Dec. 9th 190 6

Place of Burial Druid Ridge Cemetery

Date Dec 10th 1906

Undertaker Stewart & Warren Co.

Address 215 Park ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 96019

CERTIFICATE OF DEATH.

(Place of Death.) No. 217 W. Hendricks St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name John A. Marsh

{Residence, if in Baltimore, Give Street and Number.} 217 W. Hendricks St

96019

Duration of Residence in Baltimore. 13 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Beaulah V. Ruxton

(Address) 1039 W. Lexington St

Filed Dec. 8 1906 HARRY O. ANDREWS, Registrar PERMIT CLERK.

Laid

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 6 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 6 1906

that I last saw him alive on Dec 5 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or immediate)

Dysentery

(DURATION) 2 DAYS

Contributory (Primary.)

(DURATION) 2 DAYS

(Signed) C. V. Smith M.D.

Address 520 Monroe St.

Date Dec 7 1906

Place of Burial Mt. Auburn Cem.

Date Dec 8 1906

Undertaker Jno H. Toadvine

Address 1142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96020

Ward 5 Registered No. B 120

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Roberts.

{Residence, if in Baltimore, Give Street and Number.} 1101 Hollins Mews alley 96020

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Dec 8 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

Lait

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1906 to Dec 6 1906 that I last saw h alive on Dec 6 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic cirrhosis
Nephritis
Chronic Mitral
Endocarditis (DURATION) DAYS

Contributory (Primary Arteriosclerosis

(DURATION) DAYS

(Signed) J. Whitridge Beatty M.D.

Address Bay View Asylum.

Date Dec. 7 1906

Place of Burial Mt. Auburn Cem.

Date Dec 9th 1906

Undertaker Chas. G. Builey

Address 1421 Jefferson ave

4

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96021

Registered No. B

City of Baltimore, (No. 752 33d ½ St.; 13 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret L Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: April 22 1831 (Month) (Day) (Year)

AGE: 75 years, 7 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Lilley

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Margaret —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: was Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo H. Smith

(Address) 342 Elm Ave

Filed Dec 8 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

Lach

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 6th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 6 1906

that I last saw h-er alive on Dec 6 1906,

and that death occurred, on the date stated above, at 10 ½ P. M. The CAUSE OF DEATH was as follows:

Pneumonia (DURATION) 5 DAYS

Contributory Age (DURATION) DAYS

(Signed) R B Norment M. D.

Dec 7 1906 (Address) 3143 Chestnut Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St. Marys Hampden — DATE OF BURIAL: Dec 9 1906

UNDERTAKER: Horace Burgee — ADDRESS: 3631 Falls Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96022

96022

Ward ..... Registered No. B 151

CERTIFICATE OF DEATH

(Place of Death.) No. 416 Duncan Alley

Full Name Daughter of William & Elizabeth

{ Residence, if in Baltimore, Give Street and Number. } 416 Duncan Alley

Duration of Residence in Baltimore. 2 hrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 7th 1906

AGE ..... years, ... months 2 hrs days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER H Ruppert

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Elizabeth Ruppert

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Ruppert

(Address) 416 Duncan St

Filed 12/8/1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Edema

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Thomas Sadler Comm M.D.

Address 321 E Saratoga St

Date ..... 190...

Place of Burial Mt Carmel

Date Dec 8 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96023

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1041 N. Barre St.; 21 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred E. Seaman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feby. 15 (Month) (Day) 1902 (Year)

AGE: 4 years, 9 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Jno. Seaman.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Cartilicid Miles

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Miles

(Address) 1041 Barre

Filed 12/8/1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

10 AM

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 8th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 6th 1906 to Dec. 7th 1906

that I last saw her alive on Dec. 7th 1906,

and that death occurred, on the date stated above, at 5.15 A. M. The CAUSE OF DEATH was as follows:

Diphtheria

(DURATION) 7 DAYS

Contributory Toxaemia

Carolina Asthenia (DURATION) DAYS

(Signed) R. A. Farmer, M. D.

12/8 1906 (Address) 1941 N. Carey

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Olivet	Dec 9 1906
UNDERTAKER	ADDRESS
J. Tickner & Sons	Camden Place

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96024

96024

Ward 17 Registered No. B 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 229 N. Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Clinton Frazer

{ Residence, if in Baltimore, Give Street and Number. } 229 N. Fulton ave.

Duration of Residence in Baltimore...

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH May 29 1879

AGE 27 years, 8 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Thos H Frazer

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Laura Thayer

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Laura Frazer

(Address) 229 N Fulton ave

Filed 12/8/ 1906 HARRY D. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from January 1906 to December 7 1906

that I last saw him alive on Dec 6, 1906,

and that death occurred, on the date stated above, at 1.40 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) 14 month DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Louis Hamman M.D.

Address 21 W. Franklin St.

Date December 8, 1906

Place of Burial Loudon Park Cem

Date Dec 9 1906

Undertaker Wm J Tickner & Sons

Address Camden & Paca sts

2 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 0 — 96025 — Registered No. B 29

CERTIFICATE OF DEATH.

(Place of Death.) No. 240 N Montford ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Albert Dockins

{Residence, if in Baltimore, Give Street and Number.} 240 N Montford ave

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Talbot Co Md

FULL NAME OF FATHER: George Dockins

BIRTHPLACE OF FATHER (State or country): not Known

MAIDEN NAME OF MOTHER: Lizzie Coleman

BIRTHPLACE OF MOTHER (State or country): not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Richardson

(Address) 613 N Bradford st

Filed 12/9 1906 — HARRY C. ANDREWS, PERM'T CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from Nov 6 1906 to Dec 7 1906

that I last saw him alive on Dec 4 1906.

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 31 DAYS

Contributory (Primary.) Ex Laustion

(DURATION) 8 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans st.

Date Dec 8. 1906

Place of Burial Asbury Cemetery

Date Dec 9 1906

Undertaker R. A. Elliott

Address 506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore

95025

Ward 11 — 96026 — Registered No. B 95

CERTIFICATE OF DEATH.

(Place of Death.) No. 530 Lambert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Lee

{ Residence, if in Baltimore, Give Street and Number. } 530 Lambert St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR ed

DATE OF BIRTH 1848

AGE 58 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) North Carolina

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nelson B Jones

(Address) 506 Rogers Ave

Filed 12/9/1906 — HARRY G. ANDREWS — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 6, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 25, 1906 to Dec 6, 1906, that I last saw h er alive on Dec 6, 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (DURATION) 5 weeks DAYS

Contributory (Primary.) Exhaustion from Pelagra (DURATION) DAYS

(Signed) Hilden Magruder M.D.

Address 922 Madison Ave.

Date Dec 8, 1906.

Place of Burial Laurel Cemetery

Date Dec 9 1906

Undertaker E A McAlliatt

Address 506 Rogers

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96027

93

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 618 N. Spring St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Richardson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) — (Day) 1840 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Newbern N. C.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): N. C.

MAIDEN NAME OF MOTHER: Hannah Shephard

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Richardson

(Address) 618 N. Spring St

Filed Dec 9 1906 F. J. O'L Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 6 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 4 — 1906 to Dec 6 — 1906

that I last saw him alive on Dec 6 — 1906,

and that death occurred, on the date stated above, at 3 M. The CAUSE OF DEATH was as follows:

Syncope
Acute Mania
(DURATION) — DAYS

Contributory Lobar Pneumonia
(DURATION) 29 DAYS

(Signed) W. F. Harris M. D.

Dec 8 — 1906 (Address) 1344 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Dec 9th 1906

UNDERTAKER: Chas G. Bailey — ADDRESS: 1771 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

96028

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96028

91

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 613 W Mulberry St.; 4th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James O'Brien

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Unknown (Month) 1 (Day) Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James O'Brien

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Teamster

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary O'Brien

(Address) 613 W Mulberry St

Filed Dec 9th 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 7th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1906 to Dec 7th 1906

that I last saw h/m alive on Dec 7th 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Chronic Bronchitis

(DURATION 40 DAYS)

Contributory Pulmonary Collapse (DURATION 2 DAYS)

(Signed) Frank McGuinn M. D.

Dec 8 1906 (Address) 322 St Paul

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 10th 1906

UNDERTAKER: John Fields — ADDRESS: 1200 N. Fremont

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96029

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 96029

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1105 N. Pattuson Park Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry J. Birkhead

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June (Month) 10 (Day) 1832 (Year)
AGE	74 years, 5 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Robert Birkhead
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah Hawsley
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	Surveyor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katherine F Birkhead

(Address) 1105 N Pattuson Park Ave

Filed Dec 9 1906 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Dec 7 1906 that I last saw him alive on Dec 6 1906, and that death occurred, on the date stated above, at 7.30 a.m. The CAUSE OF DEATH was as follows:

Acute Bronchitis

(DURATION) 14 DAYS

Contributory Exhaustion

(DURATION) 2 DAYS

(Signed) Geo F Taylor M. D.

Dec 7 1906 (Address) 1254 N. Bway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec 9 1906
UNDERTAKER	ADDRESS
Geo M. Sinn	811 N Wolfe

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96030

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96030

Registered No. B 27

City of Baltimore, (No. 1830 Madison Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles W. Stolipher

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 12 (Month) 8 (Day) 1869 ~~1706~~ (Year)

AGE: 37 years, 4 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: John W. Stolipher

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Annie Keshner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Real Estate

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1830 Madison Ave

Filed Dec 9 1906 J X J Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1906 to Dec 8th 1906 that I last saw h[e] alive on 8th Dec 1906, and that death occurred, on the date stated above, at 12 20 A. M. The CAUSE OF DEATH was as follows:

His history in one was that of Tuberculosis Patient was brought here from near Hagerstown & I saw him in a dying condition

Three years (DURATION) DAYS

Contributory Tuberculosis

(DURATION) DAYS

(Signed) Joseph Blum M. D.

12/9 1906 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge | DATE OF BURIAL: 12/10 1906

UNDERTAKER: Coane & Spence | ADDRESS: 118 N. Mt Ry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96031

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96031 64

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 214 N. Caroline St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louis Greaver Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov (Month) 27 (Day) 1827 (Year)

AGE 79 years, — months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Greaver

(Address) 214 N. Caroline St.

Filed Dec 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 7 1906

that I last saw him alive on Dec 6 1906,

and that death occurred, on the date stated above, at 2.20 A.M. The CAUSE OF DEATH was as follows:

(DURATION) DAYS

Contributory Cerebral Thrombosis (DURATION) 2 DAYS

(Signed) A. F. Becker M. D.

Dec 7 1906 (Address) 1204 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL London Park Cemetery | DATE OF BURIAL Dec. 9th 1906

UNDERTAKER Evans & Spence | ADDRESS 118 Brownsville Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96032

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

Registered No. B

CERTIFICATE OF DEATH. 96032 8

(Place of Death.) No. 826 E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Munro

{ Residence, if in Baltimore, Give Street and Number. } 826 E. Baltimore Street

Duration of Residence in Baltimore. 23 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 6th 1844

AGE 62 years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Glasgow, Scotland

FULL NAME OF FATHER George Munro

BIRTHPLACE OF FATHER (State or country) Glasgow Scotland

MAIDEN NAME OF MOTHER Margaret Mackenzie

BIRTHPLACE OF MOTHER (State or country) Glasgow, Scotland

OCCUPATION OF DECEASED Engraver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. E. Munro.

(Address) 826 E. Baltimore St.

Filed Dec 9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8th 1906

I HEREBY CERTIFY, That I attended deceased from June 4th 1906 to Dec 8th 1906 that I last saw h[illegible] alive on Dec 8th 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate) Diabetes Mellitus.

From Coma

(DURATION) 335 DAYS

Con'tributory (Primary.) Bronchitis

(DURATION) 30 DAYS

(Signed) Evan Pritchard M.D.

Address 208 Aisquith St

Date Dec 8th 1906

Place of Burial Loudon Park

Date Dec. 10 1906

Undertaker Evans & Pierce

Address 1818 Bount & Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96033 ...EALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. B 96033

CERTIFICATE OF DEATH. 34

(Place of Death.) No. 902 Battery Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John J. Murray

{Residence, if in Baltimore, Give Street and Number.} 902 Battery Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH — 1876.

AGE 30 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John Murray

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Mary Conway.

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Murray

(Address) Same

Filed Dec 9 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1905 to Dec 7th 1906

that I last saw him alive on Dec 6th 1906,

and that death occurred, on the date stated above, at 7 A M. CAUSE OF DEATH (Secondary or Immediate)

General Tuberculosis

1Y 1 year 3 months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles

Date Dec 8 1906

Place of Burial St Patricks Cemetery

Date December 10 1906

Undertaker Danl J O'Margt & F Lynn

Address 42 & West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96034

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96034

CERTIFICATE OF DEATH.

27

Registered No. B.....

City of Baltimore, (No. 1015 N. Bruce St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alice Sisco

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: April - 25 - 1885 (Month) (Day) (Year)

AGE: 21 years, 7 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Isiaac Sisco.

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lizzie Sinns

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isaac Sisco

(Address) 1015 N. Bruce st

Filed Dec 9 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec - 6 - 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Dec 6th 1906

that I last saw h alive on Dec 5 1906,

and that death occurred, on the date stated above, at 12.15 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis (DURATION) dont know

Contributory (DURATION) DAYS

(Signed) F C Grant M. D.

Dec 6th 1906 (Address) 1303 W. Pratt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Zion Cemetery | DATE OF BURIAL: Dec. 9 1906

UNDERTAKER: Wm. J. Johnson | ADDRESS: 614 Baker

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death,* to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96035

Ward 3 — 96035 — Registered No. B 96035

CERTIFICATE OF DEATH.

137

(Place of Death.) No. 32 South High St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Esther Raw

{Residence, if in Baltimore, Give Street and Number.} 32 South High

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	1889
AGE	17 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Italy
FULL NAME OF FATHER	Vincent Raw
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Raw

(Address) 32 S. High st

Filed 12/9/ 1906 HARRY O. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7th 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to ~~Dec~~ 190

that I last saw h alive on ~~Dec~~ 190

and that death occurred, on the date stated above, at ~~7~~ M. CAUSE OF DEATH (Secondary or Immediate.)

Septaxemia produced by Abortion

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Buddon Coroner M.D.

Address 320 ½ Greene St

Date Dec 9 1906

Place of Burial St Vincents

Date Dec 10th 1906

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96036

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

150

CERTIFICATE OF DEATH. 96036

Registered No. B.....

City of Baltimore, (No. 116 W Northward St. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Philip C. See.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cumberland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Keller

(Address) 116 W. Northward

Filed 12/9/1906 [illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 9 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Dec 9 1906

that I last saw him alive on Dec 9 1906,

and that death occurred, on the date stated above, at 7.30 P. M. The CAUSE OF DEATH was as follows:

Cleft Palate and Cleft Lip and Palate malformation of bony structures. Brought on by operation on bony structures together Oct 31/06 Brought on by operation on soft structures together Dec 9/06 ..... DAYS

Contributory Heart Failure — Three hours after surgical [illegible] ..... DAYS

(Signed) Edward Leslie Rumsey M. D.

Dec 9 1906 (Address) 812 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Cumberland How long at Place of Death? 6 wks Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cumberland Md — DATE OF BURIAL: Dec 9 1906

UNDERTAKER: Mitchell — ADDRESS: 120 N Liberty St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1

Registered No. B 95037

CERTIFICATE OF DEATH.

(Place of Death.) No. 3034 Boston St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Bober

{Residence, if in Baltimore, Give Street and Number.} 3034 Boston St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Edward Bober

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Francis Wenggys

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Bober

(Address) 3034 Boston St

Filed Dec 10 1906

HARRY O. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1906 to ..... 190.....

that I last saw h.er alive on Dec 8th 1906;

and that death occurred, on the date stated above, at 12

M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Disease of Heart

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Chas. Tilley M.D.

Address 32 Hanover St

Date Dec 8th 1906.

Place of Burial Holy Rosary

Date December 10 1906

Undertaker Jacob Frankenberger

Address 428 Wilkens Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96038

Ward 27 *Registered No. B*

CERTIFICATE OF DEATH.

27

(Place of Death.) *No.* 8 N. Gilmor *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Marko

{ *Residence, if in Baltimore, Give Street and Number.* } 8 N. Gilmor

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct. 1877

AGE: 29 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Marko

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: ...

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 8 N Fost Ave

Filed Dec 10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

C, S, H, & P

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 18 1906 to Dec 7 1906

that I last saw h in alive on Dec 7 1906

and that death occurred, on the date stated above, at 10

M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Pulmonary Tuberculosis

2 Month (DURATION) ... DAYS

Con'tributory (Primary.) Asthma

(DURATION) ... DAYS

(Signed) H. H. Hamman M.D.

Address 835 Lit 10

Date Dec 9 1906

Place of Burial Holy Cross C & S

Date Dec 10 1906

Undertaker E Ward

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

Ward 0 Registered No. B 96039

CERTIFICATE OF DEATH.

166

(Place of Death.) No. Federal St near Brewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John T Burke

{ Residence, if in Baltimore, Give Street and Number. } 1633 Ausgusta St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 42 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER William Burke

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Maria Butler

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Insurance Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed Dec 10th 190 6

HARRY S. ANDREWS, PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 6 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 9.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Body mangled by car of W.E.R.W. & Elec Co No. 928.

(Acc) (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carruthers M.D.

Address Coroners Office

Date Dec 9-06 190

Place of Burial New Cathedral

Date Dec 10 1906

Undertaker M Cadogan

Address 696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 10 96040 Registered No. B 96040

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 No Fremont and St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Reese

{Residence, if in Baltimore, Give Street and Number.} 118 No Fremont Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: April 27 1832

AGE: 74 years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W Little

(Address) 531 N Fremont Ave

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

11. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

Sudden (DURATION) DAYS

Con'tributory (Primary) (DURATION) DAYS

(Signed) Patrick F Marley M.D.

Address Coroner 4. Dist

Date Dec 9 1906

Place of Burial London Park

Date Dec 11 1906

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11

Registered No. B 96041

96041

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mrs. Sarah Carland

{Residence, if in Baltimore, Give Street and Number.} 840 Edmondson Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April 19 1840

AGE: 66 years, 7 months, 19 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Henry Gettier

BIRTHPLACE OF FATHER (State or country): Carroll Co Md

MAIDEN NAME OF MOTHER: Sarah Kraft

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos Carland

(Address) 840 Edmondson ave

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 23 1906 to Dec. 8, 1906 that I last saw her alive on Dec 8, 1906, and that death occurred, on the date stated above, at 3:40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Malignant Cachexia

(Asthenia)

(DURATION) Indefinite DAYS

Contributory (Primary.) Cancer of breast with visceral metastasis DURATION Indefinite

(Signed) P. B. Hayes, M.D.

Address University Hospital

Date Dec. 8, 1906

Place of Burial London Park

Date Dec 11 1906

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

V

HEALTH DEPARTMENT, CITY OF BALTIMORE. 96042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96042

Registered No. B

City of Baltimore, (No. Gamborinie J.S.I Broadway St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Levian

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: July (Month) 16 (Day) 1868 (Year)

AGE: 37 years, 4 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Jacob Levian

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Eliza Uckell

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Levian

(Address) 29 Patterson Road

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Dec 8 1906

that I last saw her alive on Dec 7 1906,

and that death occurred, on the date stated above, at 8 15 A. M. The CAUSE OF DEATH was as follows:

Thrombus following Abdominal Hysterectomy

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) J.K.H.B. Sellman M. D.

Dec 8 1906 (Address) 5 E. Biddle

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 29 Patterson Road — How long at Place of Death? 16 Days

Where was disease contracted, if not at place of death? —

PLACE OF BURIAL OR REMOVAL: Druid Park — DATE OF BURIAL: Dec 18 1906

UNDERTAKER: Geo. A. Little — ADDRESS: 591 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 5 — 96043 — Registered No. B 96043

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Pearl Wright

{ Residence, if in Baltimore, Give Street and Number. } 309 East Ct.

Duration of Residence in Baltimore. 2yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 23 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) Pa.

FULL NAME OF FATHER John C Wright

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mary Broorshank

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) York Pa

Filed 12/10 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 29 1906 to Dec. 9 1906

that I last saw h[illegible] alive on Dec 9 1906

and that death occurred, on the date stated above, at 3[illegible] M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Peritonitis

(DURATION) 3 DAYS

Contributory (Primary) Laparotomy

(DURATION) ... DAYS

(Signed) W. G. Storey M.D.

Address City Hospital

Date December 9 1906

Place of Burial Little York Pa

Date Dec 10 1906

Undertaker McGinnis & Carroll

Address 218 Augusta

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14

96044

Registered No. B 96044

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen. Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Charles A. Emerson

{ Residence, if in Baltimore, Give Street and Number. } 316 W. Mulberry St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 22 1857

AGE 25 years, 0 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Ill.

FULL NAME OF FATHER John L. Emerson

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER Annie Ball

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie J Emerson

(Address) 316 W. Mulberry St

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6, 1906 to Dec 8 1906

that I last saw him alive on Dec 8 1906

and that death occurred, on the date stated above, at 8 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction.

(DURATION) 2 DAYS

Contributory (Primary.) Heart Failure

(DURATION) 1 DAYS

(Signed) C. O. Langley M.D.

Address Md. Gen. Hosp.

Date Dec 8 1906

Place of Burial Loudon Park New Cathedral Lawn

Date Dec. 11 1906

Undertaker Chas E Franch

Address 746 N Eutaw

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 19 — 96045 — Registered No. B 96045

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 N Fulton ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter P. Reister

{Residence, if in Baltimore, Give Street and Number.} 119 N. Fulton Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH Sept. 26 1839

AGE 67 years, 2 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto city

FULL NAME OF FATHER Elias Reister

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Elizabeth Phillips

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Harness Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah J Reister

(Address) 119 N Fulton ave

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1906

I HEREBY CERTIFY, That I attended deceased from July 1904 to Dec. 7 1906

that I last saw him alive on Dec. 7 1906

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (~~Secondary or~~ Immediate)

Cerebral Hemorrhage

with recurrent attacks

Last attack Coma

above (DURATION) 10 DAYS

Con'tributory ~~(Primary)~~ Immediate

Coma (DURATION) 2 DAYS

(Signed) B. P. Moan M.D.

Address 1037 Edmondson Ave.

Date Dec. 8 1906

Place of Burial Loudon Park Cem

Date Dec 10 1906

Undertaker Chas. E. Frazier

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — Registered No. B 96046

96046

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 St. Charles St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs. Sarah E. Lucretia

{Residence, if in Baltimore, Give Street and Number.} 1743 St. Charles

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: —

AGE: 70 years, 6 months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Frederick Co Md

FULL NAME OF FATHER: Samuel Kunkles

BIRTHPLACE OF FATHER (State or country): Atlantic

MAIDEN NAME OF MOTHER: Elizabeth Clary

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Anthony Gustavus

(Address) 1743 St. Charles St

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Dec 8. 1906

that I last saw h— alive on Dec 8. 1906,

and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Old Age

(DURATION) DAYS

(Signed) [illegible] M.D.

Address 1328 St. Charles

Date Dec 10 — 1906

Place of Burial Mt. Olivet Cemetery Md.

Date Dec. 11th 1906

Undertaker [illegible]

Address 502 E. North Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 96047 — Registered No. B 96047

CERTIFICATE OF DEATH.

134

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rosie Seldon

{ Residence, if in Baltimore, Give Street and Number. } 1812 N. Spring St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 26 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Seldon

(Address) 1812 N Spring St.

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 30 1906 to Dec 8 1906

that I last saw her alive on Dec 8 1906,

and that death occurred, on the date stated above, at 9.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

General peritonitis following Spontaneous Rupture of Uterus at Term

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital.

Date Dec. 8th 1906

Place of Burial Laurel Cemetery

Date Dec 11 1906

Undertaker F. C. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

96048

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

96048

Registered No. B.....

City of Baltimore, (No. 333 W Hoffman St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John P. Wise

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 33 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Jno Wise

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Martha Ackward

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Ackward

(Address) 333 W Hoffman St

Filed 12/10 190 6 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 8 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1906 to Dec 8 1906

that I last saw him alive on " " 1906,

and that death occurred, on the date stated above, at 12-15 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 7 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) C McWodson M. D.

Apo 8th 1906 (Address) 1408 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Int Auburn	Dec 10 1906
UNDERTAKER	ADDRESS
R F Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

96049

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 164 East St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 16 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ——

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Joseph E Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret A Green

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 164 East St

Filed 12/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. [redacted] 6th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from September 1906 to Dec 1st 1906

that I last saw h[illegible] alive on Dec. 1st 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

8 weeks (DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) L. A Dames M. D.

Dec 6 1906 (Address) 1400 Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Nebo	Dec 10 1906
UNDERTAKER	ADDRESS
C & W E Elliott	506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 96050 — Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 1003 Wagner al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amelia Comish

{Residence, if in Baltimore, Give Street and Number.} 1003 Wagner al.

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Blk

DATE OF BIRTH Unk 1

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Calvert Co Md.

FULL NAME OF FATHER Thos Jones

BIRTHPLACE OF FATHER (State or country) Calvert Co Md

MAIDEN NAME OF MOTHER Barbara Hord

BIRTHPLACE OF MOTHER (State or country) Calvert Co Md

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Alexander

(Address) 1224 Carlton St

Filed 12/10 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 7 1906

that I last saw h-er alive on Dec 6 1906,

and that death occurred, on the date stated above, at 11 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Organ. Dis of Heart

1 mon (DURATION) DAYS

Contributory (Primary.) Anaemia

1 wk (DURATION) DAYS

(Signed) F Monood M.D.

Address 939 N Fayette St

Date Dec 7 1906

Place of Burial Mt. Auburn

Date Dec 11 1906

Undertaker R. A. Elliott.

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 96051 — Registered No. B 96051

41

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Carter

{Residence, if in Baltimore, Give Street and Number.} 1138 Stockton St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 45 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Samuel Monroe

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Mary Goodhope

BIRTHPLACE OF MOTHER (State or country) Va.

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Monroe

(Address) 1015 Vient St.

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Dec 7 1906

that I last saw h[er] alive on Dec 7 1906

and that death occurred, on the date stated above, at 6.55 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

..... (DURATION) ..... DAYS

Contributory (Primary.) Carcinoma of Colon (DURATION) ..... DAYS

(Signed) W. G. MacCallum M.D.

Address Johns Hopkins Hosp 1/8

Date 1906

Place of Burial Mt. Zion Cemetery

Date December 11 1906

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

96052

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96052

City of Baltimore, (No. 21, Carroll Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 19 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Robert Lewis

BIRTHPLACE OF FATHER (State or country): ~~Lit~~ Taylor Md.

MAIDEN NAME OF MOTHER: Letty Taylor.

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Brown

(Address) 717 Gold St

Filed 12/10 1906

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 7 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1 1906 to Dec 7 1906 that I last saw him alive on Dec 6 1906, and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

General Asthenia

(DURATION) 30 DAYS

Contributory Pulmonary Tuberculosis (DURATION) 1 Yr DAYS

(Signed) Howard W Jones M. D.

Dec 9 1906 (Address) Irving la

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Western Star Cemetery Catonsville Md.

DATE OF BURIAL: Dec. 10 1906

UNDERTAKER: Wm. J. Johnson

ADDRESS: 614 Baker St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Ward 10 — 96053 — Registered No. B 96053

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1806 Dover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Michael Patrick Walsh (Walsh)

{ Residence, if in Baltimore, Give Street and Number. } 1806 Dover

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX male — COLOR white

DATE OF BIRTH July 8th 1906

AGE — years, 5 months, 1 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Jas J Walsh

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Margaret T. Spearman

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas J Walsh

(Address) 1806 Dover St

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 00 A.M.

CAUSE OF DEATH (Secondary or Immediate)

Convulsions

(DURATION) DAYS

Contributory (Primary) Congenital Debility (DURATION) DAYS

(Signed) Frank Jones M.D.

Address Coroner

Date Dec 9 1906

Place of Burial St Peters

Date Dec 10 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 96054 — Registered No. B 96054

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 Stinson St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. H. Roth

{ Residence, if in Baltimore, Give Street and Number. } 5 Stinson St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 25 1868
AGE	38 years, 6 months, 13 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country)	Balto Co Md
FULL NAME OF FATHER	Henry Roth
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catherine Bender
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Driver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Roth

(Address) 5 Stinson St

Filed 12/10 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8th 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 2nd 1906 to Dec 8 1906

that I last saw h[illegible] alive on Dec 8 1906,

and that death occurred, on the date stated above, at 6.30

P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) DAYS

Contributory (Primary.) Chr. Haem-

Nephritis 6 mo (DURATION) 6 DAYS

(Signed) W. A. Lucas M.D.

Address 5-14 Fredk Rd

Date Dec. 9th. 1906.

Place of Burial Woodlawn Park

Date Dec 11 1906

Undertaker Jas B Cook

Address 1013 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 96055 Registered No. B 96055

CERTIFICATE OF DEATH.

(Place of Death.) No. 301 S Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Mary M Hahn

{ Residence, if in Baltimore, Give Street and Number. } 301 S Stricker St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 30 1866

AGE 40 years, 7 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Lawrence Oberheim

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anna M. Schoomann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward E Hahn

(Address) 301 S. Stricker St

Filed 12/10 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 7 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Dec 7th 1906

that I last saw h.. alive on Dec 6 1906,

and that death occurred, on the date stated above, at 2.05 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pyloric tumor (malignant)

(DURATION) 36 DAYS

Contributory (Primary.) Cyanosis

(DURATION) — DAYS

(Signed) G. G. Rook M.D.

Address 1109 E. Baltimore St.

Date Dec 9 1906

Place of Burial Western

Date Dec. 11 1906

Undertaker Jas B Cook

Address 1083 W Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 96056 — Registered No. B 96056

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Russell

{Residence, if in Baltimore, Give Street and Number.} (500 N. Lafayette Ave) Bay View Asylum

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 32 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Waitress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 12/10 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1906

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1906 to Dec 8 1906

that I last saw h en alive on Dec 8, 1906,

and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Hartwig Scott M.D.

Address

Date 190

Place of Burial Mt Auburn Cem

Date Dec 10 1906

Undertaker J. A. Bishop

Address 607 West Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 13 96057 Registered No. B 96057

CERTIFICATE OF DEATH.

(Place of Death.) No. 3634 Falls Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rebecca A. Slade

{Residence, if in Baltimore, Give Street and Number.} 3634 Falls Road

Duration of Residence in Baltimore. Since Annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Mar. 4 1825

AGE: 81 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Riddle

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sarah Gorsuch

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: was-Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Wm H. German

(Address) 3634 Falls Road

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 8th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6th 1906 to Dec 8th 1906 that I last saw h.r alive on Dec 7th 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Paralysis

(DURATION) 1/2 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 2 DAYS

(Signed) Geo. T. Thower M.D.

Address 421 Roland Ave

Date Dec. 8th 1906

Place of Burial Loudon Park

Date December 10- 1906

Undertaker Horace Burge

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 96058 — Registered No. B 96058

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CERTIFICATE OF DEATH.

(Place of Death.) No. 2226 E Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William G. Weets

{Residence, if in Baltimore, Give Street and Number.} 2226 E. Lombard st

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan. 14th 1852

AGE: 54 years, 10 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George H. Weets

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Caroline Krebs

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Mahoney

(Address) 2226 E Lombard st

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 7th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1906 to Dec. 7, 1906

that I last saw him alive on Dec 6, 1906,

and that death occurred, on the date stated above, at 5 30 A.M., CAUSE OF DEATH (Secondary or Immediate)

Gastritis

(DURATION) 11 DAYS

Contributory (Primary)

(DURATION) 7 DAYS

(Signed) [illegible], M.D.,

Address [illegible]

Date December 1906

Place of Burial Mt Olivet Cem

Date Dec 10th 1906

Undertaker Hilden Fuhlen

Address 2013 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96059 — Registered No. B 96059

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Shapiro

{ Residence, if in Baltimore, Give Street and Number. } 820 N Gay St

Duration of Residence in Baltimore. 3 /

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1883

AGE: 23 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Ansill Shapiro

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Bertie Shofren

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Shapiro

(Address) 263 East 1st St.

Filed 12/10 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14 1906 to Dec 9 1906

that I last saw him alive on Dec 9 1906,

and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

aortic & Mitral Insufficiency

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) John McT. Bergland M.D.

Address Johns Hopkins Hospital

Date Dec 9 1906

Hebrew Cem Philadelphia Road

Place of Burial

Date December 10 1906

Undertaker Max Levinson

Address 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96060

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96060

City of Baltimore, (No. 919 N. Carrollton Ave St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Florna V. Hynson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June (Month) 28 (Day) 1878 (Year)

AGE: 28 years, 5 months, 11 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles Hynson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Virginia Sanders

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virginia Hynson

(Address) 919 N. Carrollton Ave

Filed 12/10 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Dec 9th 1906 that I last saw h er alive on Dec 8th 1906, and that death occurred, on the date stated above, at 7 40 a m. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 11 Mos DAYS

Contributory

(DURATION) DAYS

(Signed) C K Jump M. D.

Dec 9th 1906 (Address) 1415 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount | DATE OF BURIAL: Dec 11th 1906

UNDERTAKER: E. F. Walker | ADDRESS: 723 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 96061 — Registered No. B 96061

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 1019 Bruce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Williams

{ Residence, if in Baltimore, Give Street and Number. } 1019 Bruce st

Duration of Residence in Baltimore. Four Months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: June 29th 1901

AGE: ..... years, 5 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Ind.

FULL NAME OF FATHER: Henry Williams

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Margaret Downs

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Simms

(Address) 1019 Bruce St.

Filed 12/10 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

from with (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Oscar Baldwin M.D.

Address 700 Lag. av (Corner)

Date Dec. 7th 1906

Place of Burial: UNIVERSITY OF MARYLAN

Date Dec 7 1906

Undertaker: Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

387

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96062 Registered No. B 96062

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ethel Taylor

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR Colored
DATE OF BIRTH 1	
AGE 23 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/10 1906 CLERK OF ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 6 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Dec 6 1906

that I last saw h[illegible] alive on Dec 6 1906,

and that death occurred, on the date stated above, at 2 15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

Subacute Nephritis

(DURATION) DAYS

Contributory (Primary.) Pulmonary Thrombosis (DURATION) DAYS

(Signed) Whitney Coates M.D.

Address Bay View Asylum.

Date Dec. 7 1906

Place of Burial COLLEGE OF P. & S

Date Dec 8 1906

Undertaker William R Wooden

Address 1811 Aiken St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

387

Ward 11 96063 Registered No. B 96063

CERTIFICATE OF DEATH.

(Place of Death.) No. 922 Ballon St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie Willis

{Residence, if in Baltimore, Give Street and Number.} 922 Ballon St

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Unknown

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Midwife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise Nowen

(Address) 924 Ballon St.

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190... to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

Unknown (DURATION) ... DAYS

Contributory (Primary.) ...

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Log. ave. (Govner)

Date Dec. 9th 1906

Place of Burial ...

Date Dec 9 1906

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 96064 — Registered No. B 96064

179

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeths Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Stephen Richardson

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Blk

DATE OF BIRTH: Aug 14th 1 1906

AGE: — years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A McGlannan

(Address) 2005 Madison Ave

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 7 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Dec 7 1906 that I last saw h[im] alive on Dec 7 1906, and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

(Marasmus)

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Dec 8 1906

Place of Burial COLLEGE OF P. & S

Date Dec 9 1906

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age,** deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 96065 — Registered No. B 96065

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Doe (Dead)

{Residence, if in Baltimore, Give Street and Number.} St. Elizabeth's Home

Duration of Residence in Baltimore. 2.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mul.

DATE OF BIRTH: June 12 1906

AGE: — years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 12/10 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 8 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Dec. 8 1906

that I last saw h[illegible] alive on Dec 7 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 20 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Dec 8 1906

Place of Burial COLLEGE OF P. & S

Date Dec 9 1906

Undertaker Commissioner Health.

Address Health Department

MARY C. ANDREWS, PERMIT CLERK.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

284

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96066 — Registered No. B 96066

CERTIFICATE OF DEATH.

(Place of Death.) No. 1042 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary W. Whalen

{Residence, if in Baltimore, Give Street and Number.} 1042 W. Lombard st.

Duration of Residence in Baltimore... Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Dec 8th 1906

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: August C. Whalen

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Louisa Reeves

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 W. Lombard

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 9 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to — 190—

that I last saw h— alive on Dec. 9 1906,

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate

Premature birth

from natural causes

(DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) DAYS

(Signed) John C. Sound M.D.

Address 1300 W. Lombard st

Date Dec. 9 1906

Place of Burial Nat Cathedral

Date Dec 10th 1906

Undertaker John J. Fields

Address 1200 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 96067 — Registered No. B 96067

CERTIFICATE OF DEATH.

29

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ada R Seymour

{Residence, if in Baltimore, Give Street and Number.} Easton, Md.

Duration of Residence in Baltimore. 5 weeks

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: Nov 29 1886	
AGE: 20 years, — months, 11 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): Md.	
FULL NAME OF FATHER: Sam'l J Seymour	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Mary R Twilley	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: Housework	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary R Seymour

(Address) Easton Md

Filed 12/10 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

V

Remove to 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10th 1906

I HEREBY CERTIFY, That I attended deceased from 11/3 1906 to 12/10 1906

that I last saw h.. alive on Dec 10 1906,

and that death occurred, on the date stated above, at 5:20 P.M. CAUSE OF DEATH (~~Secondary~~ Primary or ~~Immediate~~)

Tuberculer Peritonitis

(DURATION) DAYS

Contributory (Primary.) Intestinal Obstruction (DURATION) 1 DAYS

(Signed) B.L. Mitchell M.D.

Address University Hospital

Date Dec 10th 1906

Place of Burial Easton - Talbot Co Md

Date Dec 11 1906

Undertaker Jos B. Cook

Address 1003 W Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 7 — 96068 — Registered No. B 96068

CERTIFICATE OF DEATH.

(Place of Death.) No. 710 Hanover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Augusta W. Roessler

{Residence, if in Baltimore, Give Street and Number.} 710 Hanover st

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH July 31 1832

AGE 74 years, 4 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Joseph Focke

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw A. Roessler

(Address) 710 Hanover st

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 8 1906 that I last saw h[illegible] alive on Dec 8 1906, and that death occurred, on the date stated above, at 8.10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy.

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G Ludvoke Ewald M.D.

Address 703 N. Eutaw st

Date Dec 10 1906

Place of Burial London Park

Date Dec 11 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 96069

Ward 7 96069 Registered No. B

CERTIFICATE OF DEATH.

79

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jefferson Davis Creager,

{ Residence, if in Baltimore, Give Street and Number. } 1117 Elizabeth Lane

Duration of Residence in Baltimore. 45 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ~~4 June~~ 2nd 1861

AGE 45 years, 6 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Creager

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Margaret A. ~~Creager~~ Clark

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Blacksmith Helper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Creager (wife)

(Address) 1117 Elizabeth Lane

Filed 12/10/1906 HARRY G. ANDREWS DEPUTY CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 6th 1906 to Dec. 8 1906 that I last saw h in alive on Dec. 8 1906, and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rupture and hemorrhage

(DURATION) DAYS

Contributory (Primary.) Aneurysm of the arch of the aorta (DURATION) 40 DAYS

(Signed) W. W Chew M.D.

Address University Hospital

Date Dec. 8 1906

Place of Burial Cedar Hill Cem

Date Dec 11 1906

Undertaker E. Schloman & Son

Address 1539 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full** name, **sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

96070

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96070

City of Baltimore, (No. 512 N Paca St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Cahill

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 45 years, ... months, ... days

SINGLE, ~~MARRIED~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Cahill

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Elizabeth Lunn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 Mulberry St

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: ..... (Month) Dec 9 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Dec 9 1906 that I last saw h[illegible] alive on Dec 8 1906, and that death occurred, on the date stated above, at .....

M. The CAUSE OF DEATH was as follows:

Pneumonia

Acute ..... (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Thomas L. Keane M. D.

Dec 10 1906 (Address) 1034 W. Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 11 1906

UNDERTAKER: M Cadogan — ADDRESS: 696 Mulberry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

96071

96071 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Hutchens

{Residence, if in Baltimore, Give Street and Number.} 933 S. Howard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Negro.

DATE OF BIRTH 1854 1

AGE 52 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Saml Hutchens

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Nancy Miles

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah Hutchens

(Address) 933 S. Howard St

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to Dec 8th 1906 that I last saw h-im alive on Dec 8th 1906 and that death occurred, on the date stated above, at 8 p. m. CAUSE OF DEATH (Secondary or Immediate

Cardiac dilitation

(DURATION) DAYS

Contributory (Primary) Aortic regurgitation & nephritis (DURATION) DAYS

(Signed) J. R. Winslow M.D.

Address Univ. Hosp. Balto. Md.

Date Dec 8th 1906.

Place of Burial Almond Lodge Dorchester Co Md

Date Dec 12th 1906

Undertaker Saml. C. Grace

Address 1011 Eastern Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his jurisdiction, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person and **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96072 — Registered No. B 96072

CERTIFICATE OF DEATH.

(Place of Death.) No. 708 N. Madiera St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Marie Barton

{ Residence, if in Baltimore, Give Street and Number. } 708 N. Madiera st

Duration of Residence in Baltimore. 24 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ....1....

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Bohemia

FULL NAME OF FATHER Gibbar

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James. Benda

(Address) 708 N Madiera St.

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to December 9 1906

that I last saw h[er] alive on ... 190...

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Obstruction

5 Weeks (DURATION) DAYS

Contributory (Primary.) Cardiac Asthenia (DURATION) 7 DAYS

(Signed) William J. Rayland M.D.

Address 708 N Madiera Ave

Date 12-10-06 1906

Place of Burial St Alphonsus

Date Dec. 12/06 1906

Undertaker Frank Lynch

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4

96073 *Registered No. B* 96073

166

CERTIFICATE OF DEATH.

(Place of Death.) *No.* City Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Tinko Bozna

{ Residence, if in Baltimore, Give Street and Number. } Wagner's Point (19)

Duration of Residence in Baltimore. Ten months

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: White

DATE OF BIRTH: 1

AGE: 32 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Austria

FULL NAME OF FATHER: Tinko Bozna

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Kat Knezna

BIRTHPLACE OF MOTHER (State or country): Austria

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr B.S. Hayden M.D.

(Address) 1216 N Caroline St

Filed 12/10 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 8 1906

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Shock -

(DURATION) DAYS

Contributory (Primary.) Accidentally Crushed by Cars. (DURATION) — DAYS

(Signed) Benj. B. Hayden M.D.

Address 1216 N Caroline St.

Date Dec. 10 1906

Place of Burial Holy Rosary Cem.

Date Dec. 10 1906

Undertaker J. Zalkowski

Address 428 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96074

Registered No. B

City of Baltimore, (No. 414 Turner Place St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles E Sapp

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan (Month) 2 (Day) 1898 (Year)

AGE: 8 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Maryland, Balto. City

FULL NAME OF FATHER: Edward Sapp

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Nellie White

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nellie Sapp

(Address) 414 Turner Place

Filed Dec 11th 1906

R. C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 8th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1906 to Dec 8th 1906

that I last saw him alive on Dec 8th 1906,

and that death occurred, on the date stated above, at 3-40 A. M. The CAUSE OF DEATH was as follows:

Organic Heart disease due to attack of Rheumatism with failing Compensation for three months (DURATION) DAYS

Contributory Rheumatoid Arthritis Two Years (DURATION) DAYS

(Signed) Geo H Barnes M. D.

Dec 10 1906 (Address) 21 W. 25th St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Mary Govans	Dec 11th 1906
UNDERTAKER	ADDRESS
C A F Kelbir	1711 Mad ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 95075

City of Baltimore, (No. 110 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catherine E Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX: female
COLOR: Wht
DATE OF BIRTH: May (Month) 3rd (Day) 1827 (Year)
AGE: 79 years, 7 months, 4 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow
BIRTHPLACE (State or country): Ireland
FULL NAME OF FATHER: Michael Walsh
BIRTHPLACE OF FATHER (State or country): Ireland
MAIDEN NAME OF MOTHER: Margt Ryan
BIRTHPLACE OF MOTHER (State or country): Ireland
OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margt French
(Address) 110 Dolphin St

Filed Dec 11 1906

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 7th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from about Dec 1st 1906 to Dec 7th 1906
that I last saw her alive on Dec 1906,
and that death occurred, on the date stated above, at 9.30 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) Few DAYS

Contributory (DURATION) DAYS

(Signed) Chas. E. Reynolds M. D.
Dec 7th 1906 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Cross	Dec 11th 1906
UNDERTAKER	ADDRESS
C & F Shelbert	Woodlawn

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 Registered No. B 96076

CERTIFICATE OF DEATH.

61

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alexander Jacobson

{ Residence, if in Baltimore, Give Street and Number. } #1303 E Lombard St.

Duration of Residence in Baltimore. 1 ½ yrs Baltimore

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 30 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Moses Jackobson

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Lottie Harris

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Harrison

(Address) 814 Hollins st

Filed Dec 11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Dec 10 1906 that I last saw h im alive on Dec 10 1906 a.m., and that death occurred, on the date stated above, at 3.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) DAYS

Contributory (Primary.) Meningitis

(DURATION) 5 DAYS

(Signed) E. W. White M.D.

Address University Hospital

Date Dec 10 1906

Place of Burial Philips Rd Road Dale Md

Date Dec 11, 1906

Undertaker Mark Levinson

Address 13 E Lom st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

3

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64

CERTIFICATE OF DEATH.

Registered No. B 96077

City of Baltimore, (No. 1104, E. Pratt St., St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Carry Cohen

PERSONAL AND STATISTICAL PARTICULARS

SEX F

COLOR W

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE
65 years, ~ months, ~ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joe Weiner

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Cary Weiner

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son Abe Cohen

(Address) 1104 E. Pratt St.

Filed Dec 11 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12 (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 12/10 1906 to 12/10 1906 that I last saw her alive on 12/10 1906, and that death occurred, on the date stated above, at 2 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) DAYS

Contributory Cerebral Hemorrhage

(DURATION) DAYS

(Signed) B. C. Katzoff M. D.

12/10 1906 (Address) 114 His gate Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Philip Rd Rose Dale

DATE OF BURIAL Dec 11 1906

UNDERTAKER Mad Levinson

ADDRESS 1138 Lowndes

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96078 — Registered No. B 96078

CERTIFICATE OF DEATH.

(Place of Death.) No. 910 Ryan St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily M. Harman

{ Residence, if in Baltimore, Give Street and Number. } 910 Ryan St.

Duration of Residence in Baltimore. 14 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	May. 17, 1877
AGE	29 years, 6 months, 22 days
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	— —
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	— —
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Harman

(Address) 910 Ryan St.

Filed 12/11 1906 — HARRY C. ANDRAE, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9, 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1906 to Dec. 9, 1906, that I last saw h er alive on Dec. 9, 1906, and that death occurred, on the date stated above, at 2 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia
Probably Tuberculas

(DURATION) 9 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Timmerkin M.D.

Address 653 Columbia Ave

Date Dec. 10, 1906.

Place of Burial Loudon Park Cath Cem

Date Dec 12 1906

Undertaker H. B. Cook

Address Govans Md

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9th — 96079 — Registered No. B 96079

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 802. E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Martha Merryman Conn

{Residence, if in Baltimore, Give Street and Number.} 802. E. Preston St.

Duration of Residence in Baltimore. 35 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: January 24th 1822

AGE: 84 years, 10 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Co. Md.

FULL NAME OF FATHER: William Tipton

BIRTHPLACE OF FATHER (State or country): Balto. Co. Md.

MAIDEN NAME OF MOTHER: Mary Merryman

BIRTHPLACE OF MOTHER (State or country): Balto. Co. Md.

OCCUPATION OF DECEASED: Lady

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. T. Conn

(Address) 802. E. Preston St.

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 3d 1906 to Dec 10 1906

that I last saw h er alive on Dec 10 1906,

and that death occurred, on the date stated above, at 1.

P M. CAUSE OF DEATH (Secondary or Immediate)

Senility.

Immediate cause

progressive cardiac

failure (DURATION) 3 DAYS

Contributory (Primary) old age (DURATION) DAYS

(Signed) Irving Miller M.D.

Address 1734 St. Paul

Date Dec 10 1906

Place of Burial Greenmount Cemetery

Date Dec. 12, Wednesday 1906

Undertaker Evans & Spencer

Address 1180 & 120 Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96080

City of Baltimore, (No. 1026, Greenmount Av. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm F. Heiligenstadt

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Wht
DATE OF BIRTH	June (Month) 17 (Day) 1857 (Year)
AGE	49 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Divorced
BIRTHPLACE (State or country)	Baltimore City
FULL NAME OF FATHER	Wm C. Heiligenstadt
BIRTHPLACE OF FATHER (State or country)	Hannover. Germany
MAIDEN NAME OF MOTHER	Anna K Groth
BIRTHPLACE OF MOTHER (State or country)	Hannover Germany
OCCUPATION OF DECEASED	Motorman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna K Heiligenstadt

(Address) 1026 Greenmount Av.

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 10th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 25 1906 to Dec 9 1906

that I last saw h.. alive on Dec 9 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Cirrhosis of Liver

2 yrs (DURATION) DAYS

Contributory Mitral Insufficiency ? (DURATION) DAYS

(Signed) G. Lane Taneyhill jr M. D.

10/12th 1906 (Address) 1103 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 12th 1906
UNDERTAKER	ADDRESS
Geo Schilling & Sons	1126 E Monument

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the *cause and date of death.*

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 96081 — Registered No. B 96081

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 1408 N Chester St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Christianna Schaefer

{Residence, if in Baltimore, Give Street and Number.} 1408 N Chester st

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: March 6th 1851

AGE: 55 years, 9 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Frederick Tuesier

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Cant Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Enfrosina Schaefer

(Address) 1408 N Chester st

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 10 1906 that I last saw h[illegible] alive on Dec 10 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) DAYS

Contributory (Primary.) Kidneys

2 years (DURATION) DAYS

(Signed) E W Schaefer M.D.

Address 2250 E Hoffman st

Date Dec 10 1906

Place of Burial Baltimore Cemetery

Date December 12th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96082

City of Baltimore, (No. 1722 Lancaster St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C Phillip Brill

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	1 (Month) (Day) (Year)
AGE	years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	P. A. Brill.
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Maggie Schuller.
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Brill.

(Address) 1712 Lancaster St.

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 7th 1906 to Dec. 10th 1906

that I last saw h living on Dec 10th 1906,

and that death occurred, on the date stated above, at 12.30 P. M. The CAUSE OF DEATH was as follows:

Left Lobar Pneumonia

(DURATION) 5 DAYS

Contributory Marasmus + Hydrocephal

Since birth (DURATION) DAYS

(Signed) A. F. Ries M. D.

Dec. 10th 1906 (Address) 213 S. Bond St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Sacred Heart.	Dec 11th 1906
UNDERTAKER	ADDRESS
H. F. Sadowski.	703 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96083 — Registered No. B 96083

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CERTIFICATE OF DEATH.

(Place of Death.) No. 821 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Amelia F. Deetz

{Residence, if in Baltimore, Give Street and Number.} 821 W. Lexington St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 28th 1825

AGE: 81 years, 2 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Conrad Lindenman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine H. Hall

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. H. Lindenman

(Address) 117 Hanover St.

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9. 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 9. 1906

that I last saw h[illegible] alive on Dec 9. 1906.

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

~~Paralysis~~ Senility

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. M. Lemmon M.D.

Address 602 S Paca St.

Date Dec 10 1906

Place of Burial Balto. Cemetery

Date Dec 11" 1906

Undertaker Philip Seewald & Son

Address 119 S. Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96084

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96084

City of Baltimore, (No. 520 N. Preston St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah E. Cassell

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 69
..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Do know

BIRTHPLACE OF FATHER (State or country) " " "

MAIDEN NAME OF MOTHER Sarah E. Richardson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Limburg

(Address) 590 N Preston St

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Dec 9 1906

that I last saw h[illegible] alive on Dec 9 1906,

and that death occurred, on the date stated above, at 1:10 a.m. The CAUSE OF DEATH was as follows:

Bright's Disease & Disease of Heart

Gen or more (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) W. 3. Rogers M. D.

Dec. 10 1906 (Address) 867 Hanover

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt Auburn | DATE OF BURIAL Dec 12 1906

UNDERTAKER Alex Kennedy | ADDRESS 578 W Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

96085

Registered No. B 96085

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CERTIFICATE OF DEATH.

(Place of Death.) No. 605 W Cross St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Annie L Lemmon.

{Residence, if in Baltimore, Give Street and Number.} 605 W Cross St-

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1849

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Nicklos Demeck

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Jennie Staff

BIRTHPLACE OF MOTHER (State or country) Germany.

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William T Lemmon (Son)

(Address) 605 W Cross St

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9. 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 9 1906 that I last saw h- alive on Dec 8, 1906, and that death occurred, on the date stated above, at 4-30 A.M. CAUSE OF DEATH (Secondary or Immediate) Bilious Gastro-Enteric Catarrh.

(DURATION) 8 DAYS

Contributory (Primary.) Malaria & Col

(DURATION) DAYS

(Signed) Wm P McDonald M.D.

Address 1305 Lanvale St

Date Dec 9. 1906

Place of Burial Cedar Hill

Date Dec. 12th 1906

Undertaker E Harle

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96086 — Registered No. B 96086

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Royal Flats Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)
Mt Royal Ave & Calvert St

Full Name William Shepard Bryan

{Residence, if in Baltimore, Give Street and Number.} Mt Royal Flats

Duration of Residence in Baltimore. Fifty five years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov 20th 1827

AGE: 79 years, 11 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): New Berne North Carolina

FULL NAME OF FATHER: John Heritage Bryan

BIRTHPLACE OF FATHER (State or country): New Berne North Carolina

MAIDEN NAME OF MOTHER: Mary Shepard

BIRTHPLACE OF MOTHER (State or country): New Berne N.C.

OCCUPATION OF DECEASED: Lawyer & Judge

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William J Bryan Jr

(Address) Baltimore Md

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 24th 1906 to Dec 9th 1906

that I last saw him alive on Dec 9th 1906,

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arthritis

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Liver (DURATION) Some months DAYS

(Signed) W. S. Lockwood M.D.

Address 8 E. Eager St

Date Dec 10th 1906

Place of Burial Greenmount

Date Dec 11th 1906

Undertaker Hemphill's Hom Co

Address 233 & Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96087 — Registered No. B 96087

CERTIFICATE OF DEATH.

(Place of Death.) No. 322 N. Calvert St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard M Miller

{Residence, if in Baltimore, Give Street and Number.} 322 N. Calvert

Duration of Residence in Baltimore 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 9 March 1871

AGE: 35 years, 9 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie La Miller (Wife)

(Address) 322 N. Calvert St.

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1906

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to ——— 190

that I last saw him alive on Dec 4 1906,

and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Pulmonary tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. E. Garrison M.D.

Address 1257 N. Broadway

Date Dec 10 1906

Place of Burial New Cathedral

Date Dec 11th 1906

Undertaker Newcomer Sons & Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96088

City of Baltimore, (No. 202 W. Franklin St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Olivia Warner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 6 1832
(Month) (Day) (Year)

AGE: 74 years, 10 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: William Jones.

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Dukehart.

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph B. Warner.

(Address) 202 W. Franklin St.

Filed 12/11 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December tenth 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

During the year 1906 to Dec. 9 1906

that I last saw her alive on Dec 9 1906,

and that death occurred, on the date stated above, at 9.45 a. m. The CAUSE OF DEATH was as follows:

A complication of diseases of the intestines and Pelvic organs — about five years (DURATION) DAYS

Contributory A fall on floor (DURATION) 3 DAYS

(Signed) W L Morgan M. D.

Dec. 10 1906 (Address) 202 W Frankl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Green Mount — DATE OF BURIAL: Dec 11 1906

UNDERTAKER: E M Mitchell — ADDRESS: 1201 W Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96089

Registered No. B

City of Baltimore, (No. 1612, Pulsbury St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary A. Hussey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: James Hussey

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Alice McCarty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick Hussey

(Address) 1612 Pulsbury St.

Filed 12/11 1906 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1906 to Dec. 10 1906

that I last saw her alive on Dec. 10 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Brights Disease

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) John D. Quinn M. D.

Dec 10 1906 (Address) 1519 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Dec 12 1906
UNDERTAKER	**ADDRESS**
Wm Cook	502 E. Fourth

✓

X

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96090 — Registered No. B 96090

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CERTIFICATE OF DEATH.

(Place of Death.) No. 110 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Myrtle Anna Porter

{Residence, if in Baltimore, Give Street and Number.} 110 N. Stricker St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Sept 20 1896

AGE 10 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Robert A Porter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Kate Linwood

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Porter

(Address) 110 N Stricker St

Filed 12/11 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 9 1906

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 7 P M. CAUSE OF DEATH (Secondary or Immediate)

Fracture base Skull

Fall down Steps at St Martins Church from 1st floor to Basement (DURATION) Hours

Contributory (Primary.) accidental (DURATION) DAYS

(Signed) C Frank Jones M.D.

Address Coroners Office

Date Dec 10 1906

Place of Burial Cathedral Cem

Date December 11 1906

Undertaker Wm J. Tickner & Sons

Address 425 W. Camden St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 96091

96091

CERTIFICATE OF DEATH.

(Place of Death.) No. 118 Welcome al St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Doradena McBride C.

{Residence, if in Baltimore, Give Street and Number.} 118 Welcome al

Duration of Residence in Baltimore. 1 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): a a Co Md.

FULL NAME OF FATHER: E. Burley C

BIRTHPLACE OF FATHER (State or country): a a Co Md.

MAIDEN NAME OF MOTHER: Henrietta Harrison C

BIRTHPLACE OF MOTHER (State or country): a a Co Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. Burley C Father

(Address) 118 Welcome al

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1906

I HEREBY CERTIFY, That I attended deceased from ....1906 to 1906

that I last saw h ....alive on 1906,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto McKentrick M.D.

Address Coroner

Date December 11 1906

Place of Burial Forrest Branch A.A.Co. Md

Date Dec-12 1906.

Undertaker M. Doyle & Son

Address 17 E. Lee st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 96092 — Registered No. B 96092

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Bond.

{ Residence, if in Baltimore, Give Street and Number. } 504 E 21½ St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1838.
AGE	68 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	James Bond
BIRTHPLACE OF FATHER (State or country)	Va.
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Va.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 12/11 1906

HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1906

I HEREBY CERTIFY, That I attended deceased from Aug. 8 1906 to Dec 10 1906 that I last saw h alive on Dec 10 1906, and that death occurred, on the date stated above, at 12.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of left Lung. Acute Miliary Tuberculosis, Chronic Nephritis (DURATION) DAYS

Contributory (Primary.) Bronchio-Pneumonia (DURATION) DAYS

(Signed) J. Hunting Scott M.D.

Address Bay View Hospital

Date Dec. 11 1906

Place of Burial Mt Auburn Sharp St Cemetery

Date Dec. 11. 1906.

Undertaker W. M. Daycock Sons

Address 176 Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96093 — Registered No. B 96093

157

CERTIFICATE OF DEATH.

(Place of Death.) No. 622 W Lombard St Lying-in Hospital, Univ of Md St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Anna Golery

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Male	COLOR White
DATE OF BIRTH Dec. 9, 1906	
AGE ..... years, ... months, ½ hr	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	Anna Golery
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 9 1906 to Dec 10 1906 that I last saw h.i.o alive on Dec 10, 1906, and that death occurred, on the date stated above, at 12:30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia Pallida

(DURATION) DAYS

Contributory (Primary.) Premature

(DURATION) DAYS

(Signed) R. O. Dees M.D.

Address 622 W. Lombard St

Date 190

Place of Burial COLLEGE OF P. & S

Date Dec 10 1906

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

184

HEALTH DEPARTMENT, City of Baltimore.

Ward 9

96094

Registered No. B 167

96094

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Gordon

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored?
DATE OF BIRTH: 1	
AGE: 32 years, — months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 8th 1906

I HEREBY CERTIFY, That I attended deceased from December 3 1906 to Dec. 8 1906

that I last saw him alive on Dec. 8th 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia - Sepsis

(DURATION) DAYS

Contributory (Primary) Comp. fracture of left arm at shoulder Amputation

(DURATION) DAYS

(Signed) H. C. Irwin M.D.

Address St. Joseph's Hospital

Date Dec. 9th 1906

Place of Burial SOUTHERN HOMŒ. MED. CO

Date Dec 10 1906

Undertaker Commissioner Health

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 96095 Registered No. B 96095

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Pabst. - Pabst -

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt. BAY VIEW ASYLUM.

(Address)

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to Dec 10 1906 that I last saw him alive on Dec 10 1906, and that death occurred, on the date stated above, at 3.35 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis,

(DURATION) DAYS

Contributory (Primary.) Explanation

(DURATION) DAYS

(Signed) Sterling Beatty M.D.

Address Bay View Asylum.

Date Dec 10 1906

Place of Burial COLLEGE OF P. & S

Date Dec 10 1906

Undertaker William H Woodress

Address 1811 aiken St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

284

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96096 — Registered No. B 96096

43

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Douglas

{ Residence, if in Baltimore, Give Street and Number. } 1809- 19th Street Washington D. C.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Arthur B. Yates

(Address) Washington D C.

Filed 12/11 1906 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Dec 11 1906

that I last saw her alive on Dec 11 1906, and that death occurred, on the date stated above, at 1230 a. m. CAUSE OF DEATH (Secondary or Immediate)

Metastases of Spinal Cord

(DURATION) DAYS

Contributory (Primary.) Carcinoma of Breast

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Dec 11 1906

Place of Burial Washington D C

Date DEC 11 1906 190 ....

Undertaker Wm. J. Fry

Address 701 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

96097

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96097

City of Baltimore, (No. 1111 N. Collington Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lambert H. Taylor

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
COLOR: White
DATE OF BIRTH: Aug 9 (Month) (Day) 1854 (Year)
AGE: 52 years, — months, — days
SINGLE, MARRIED, WIDOWED, DIVORCED: Married
BIRTHPLACE (State or country): Maryland
FULL NAME OF FATHER: Herman Taylor
BIRTHPLACE OF FATHER (State or country): Germany
MAIDEN NAME OF MOTHER: —
BIRTHPLACE OF MOTHER (State or country): Germany
OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie L Taylor
(Address) 1111 N Collington Ave

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 9th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Dec 9th 1906
that I last saw him alive on Dec. 9th 1906,
and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Brights Disease
6 Months (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) F. A. Rauen M. D.
Dec 11th 1906 (Address) 1400 Jefferson

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 12 1906
UNDERTAKER: Robt J Turner — ADDRESS: Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1st 96098 Registered No. B 96098

CERTIFICATE OF DEATH.

(Place of Death.) No. 2926 E Elliott St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Jr Conroy

{Residence, if in Baltimore, Give Street and Number.} 2926 E Elliott St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 15th 1872

AGE: 34 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Patrick Conroy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Murray

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Conroy

(Address) 2926 E Elliott St

Filed 12/11 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 10th 1906

I HEREBY CERTIFY, That I attended deceased from Septr 1906 to Dec 10 1906

that I last saw him alive on Dec 9 1906,

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis (DURATION) — DAYS

Contributory (Primary.)

Asthenia (DURATION) 4 wks DAYS

(Signed) M.J. McAvoy M.D.

Address 839 S. Caulfield

Date Dec 11th 1906

Place of Burial New Cathedral Cem

Date Dec. 12th 1906

Undertaker Jno. J. Inman

Address Bond & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 96099 — Registered No. B 96099

CERTIFICATE OF DEATH.

(Place of Death.) No. 913 Whatcoat Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Moody

{Residence, if in Baltimore, Give Street and Number.} 913 Whatcoat St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): A.A County

FULL NAME OF FATHER: John Lane

BIRTHPLACE OF FATHER (State or country): Annearundle Co

MAIDEN NAME OF MOTHER: Maggie Lane

BIRTHPLACE OF MOTHER (State or country): Annearundle Co

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Drake

(Address) 1029 Calhoun

Filed 12/12 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Aug 20 1906 to Dec 11 1906

that I last saw her alive on Dec 9 1906

and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date December 11 1906

Place of Burial Loudon Park

Date Dec 13th 1906

Undertaker J. J. Freeland

Address 114 N Shodnut

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96100

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96100

City of Baltimore, (No. City Hospital St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lucie Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... 1 (Day) Year)

AGE: 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Not Given

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) S.B. Hayden

(Address) 1216 N. Carrollton Ave

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Nov. (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 6 1906

that I last saw h— alive on — 190—,

and that death occurred, on the date stated above, at 6 P M. The CAUSE OF DEATH was as follows:

Hemorrhage (Pulmonary)

(DURATION) — DAYS

Contributory Tuberculosis

(DURATION) — DAYS

(Signed) S.B. Hayden M. D.

Dec 12 1906 (Address) 1216 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S. DATE OF BURIAL: DEC 11 1906 190

UNDERTAKER: Commissioner Health ADDRESS: Baltimore

WM. J. C. DULANY CO., BALTIMORE.

W

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96101 *Registered No. B* 96101

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Eberlein

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Female	COLOR: White
DATE OF BIRTH: 1	
AGE: 76 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED: Domestic	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 9 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Dec 9 1906

that I last saw h e alive on Dec 9 1906,

and that death occurred, on the date stated above, at 11 20 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Senility

Chronic Diffuse Nephritis Criteria

Uraemia (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Sterling Gratty M.D.

Address Bay View Hospital

Date Dec. 10 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 11 1906

Undertaker William H Woodrow

Address 1811 Eutaw st

FOR ANATOMICAL PURPOSES.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

29 0

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 96102 — Registered No. B 96102

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 11 Madison St Homeland Baltimore Md. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Annie May White.

{ Residence, if in Baltimore, Give Street and Number. } 11 Madison St. Homeland.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 23d 1900

AGE 5 years, 11 months, 17 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER Charles White

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Mary Tenlamp

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 11 Madison St

Filed Dec 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1906

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Dec 10 1906

that I last saw h alive on Dec 9 1906,

and that death occurred, on the date stated above, at 2.15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia.
Gastritis

(DURATION) 14 DAYS

Contributory (Primary.) Bronchitis

4 weeks. (DURATION) DAYS

(Signed) Henry White. M.D.

Address 906 Gorsuch Ave.

Date Dec 10, 1906

Place of Burial St Johns. Waverly

Date Dec 12 1906

Undertaker H. C. Windefeld

Address 914 Gilmor St. Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward 11

HEALTH DEPARTMENT, City of Baltimore.

96103 Registered No. B 96103

CERTIFICATE OF DEATH.

(Place of Death.) No 110 mt Royal ave · West St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name alice a mulligan

{Residence, if in Baltimore, Give Street and Number.} 110 mt Royal ave West

Duration of Residence in Baltimore. Born & lived here

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Nov 29th 1841

AGE: 64 years, 11 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thomas Mulligan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Sarah Mulligan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret E Milligan

(Address) 110 Mt Royal Ave

Filed Dec 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11th 1906

I HEREBY CERTIFY, That I attended deceased from November 28 1906 to Dec 11th 1906

that I last saw her alive on Dec 10 1906

and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Heart disease

(DURATION) DAYS

Con'tributory (Primary.) Loss of Compensation

with Pulmonary Congestion (DURATION) 14 DAYS

(Signed) Hiram Pallack M.D.

Address 112 mt Royal Ave West

Date December 11th 1906

Place of Burial St Patricks

Date Dec 13 1906

Undertaker H. C. Windefeld

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 23

HEALTH DEPARTMENT, City of Baltimore.

96104

Registered No. B 96104

81

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caleb Cottman

{Residence, if in Baltimore, Give Street and Number.} 808 Leadenhall St

Duration of Residence in Baltimore. 6 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: 1

AGE: 74 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed Dec 17 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10. 1906

I HEREBY CERTIFY, That I attended deceased from June 11. 1904 to Dec'r. 10. 1906 that I last saw him alive on Dec'r. 10. 1906, and that death occurred, on the date stated above, at 8.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Arteriosclerosis and Cerebral sclerosis. Chronic Endocarditis

(DURATION) DAYS

Con'ributory (Primary.) Senile Dementia (DURATION) DAYS

(Signed) J M Owens M.D.

Address Bay View Asylum

Date December 10. 1906

Place of Burial Mt. auburn cem.

Date DEC. 13th 1906

Undertaker C. L. Bonnet Son

Address 101 N. Montgomery st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95105

112

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96105

City of Baltimore, (No. 1619, Lemuntey St.; Town Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ida Sullivan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: February 14 (Month) (Day) 1871 (Year)

AGE: 35 years, 9 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Phila

FULL NAME OF FATHER: John Roland

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Anne Cain

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Flower Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anne Litchfield

(Address) 26 Hartford ave

Filed Dec 12 1906

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Dec 11 1906

that I last saw her alive on Dec 11 1906,

and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH was as follows:

Cirrhosis liver

(DURATION) 60 DAYS

Contributory Exhaustion from [illegible] (DURATION) 6 DAYS

(Signed) John T. Avery M. D.

Dec 1906 (Address) Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 14 1906

UNDERTAKER: Henry Lutz | ADDRESS: 1007 N. Bond

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96106

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96106

City of Baltimore, (No. 411 Druid Hill Ave - St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry H. Bundy -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry H Bundy

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Sawes

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Boat Black

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Sawes

(Address) 411 Druid Hill Ave

Filed Dec 12 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 10 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1906 to Dec 10th 1906

that I last saw h[illegible] alive on Dec 10th 1906,

and that death occurred, on the date stated above, at 4.30 A. M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 10 DAYS

Contributory Oedema of Lungs -

(DURATION) ..... DAYS

(Signed) J. M. Litsinger M. D.

Dec 11th 1906 (Address) 212 N. Fremont Ave

SPECIAL INFORMATION only for Hospitals, institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Ayr Cemetery — DATE OF BURIAL: Dec 13 1906

UNDERTAKER: R. McElliott — ADDRESS: 506 E Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — 96107 — Registered No. B 96107

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 228 S. Durham — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Brown

{ Residence, if in Baltimore, Give Street and Number. } 228 S. Durham st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	Nov 27th 1882
AGE	24 years, — months, 14 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single.
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Chas Pinder
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Nellie McHenry
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B Jones

(Address) 506 Rogers Ave

Filed Dec 12 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1906 to Dec. 10th 1906 that I last saw her alive on Dec. 9th 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cystitis

(DURATION) DAYS

Contributory (Primary.) Pneumonia Followed by acute Pneumonia P Thuis (DURATION) DAYS

(Signed) Herman J. Gessing M.D.

Address 1937 Eastern Ave.

Date Dec. 11th 1906

Place of Burial Lamb's Cemetery

Date Dec 12 1906

Undertaker P. A. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 — 96108 Registered No. B 96108

CERTIFICATE OF DEATH.

(Place of Death.) No. 1431 Ward St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Esther Lee,

{ Residence, if in Baltimore, Give Street and Number. } 1431 Ward St.

Duration of Residence in Baltimore. 8 mos.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Col.
DATE OF BIRTH	Dec. 11th 1905
AGE	1 years, 7 months, 29 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Baltimore Co., Md.
FULL NAME OF FATHER	Joseph Lee
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Stoner Pennington
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Stoner Pennington

(Address) 1431 Ward st.

Filed Dec 12 1906 Registrar

Rcd.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th 11:30 P.M. 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 8th 1906 to Dec 10th 1906

that I last saw her alive on Dec 10th 1906,

and that death occurred, on the date stated above, at 11:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

(DURATION) 2 days

Contributory (Primary.) Splinter in the knee

(DURATION) probably 4 weeks

(Signed) O. L. Fluetals M.D.

Address 502 S. Paca St.

Date Dec 11th 1906

Place of Burial Laurel Cemetery

Date Dec 12 1906

Undertaker R. A. Elliott

Address 506 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96109 — Registered No. B 96109

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Morris Alley St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William James

{ Residence, if in Baltimore, Give Street and Number. } #933 Morris alley

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH ..... 1 .....

AGE ..... 51 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas James

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie James

(Address) 933 Morris st

Filed Dec 12 1906

Registrar

EGW

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 28 1906 to Dec 9 1906

that I last saw h[illegible] alive on Dec 9 1906

and that death occurred, on the date stated above, at 9A.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Bronchial

Exhaustion — about 3 weeks (DURATION) DAYS

Con'tributory (Primary) about 3 weeks (DURATION) DAYS

(Signed) C. H. Finan M.D.

Address 712 S. Broadway

Date 712 S. Eden 1906

Place of Burial Mt Auburn Cemetery

Date Dec 12. 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96110 — Registered No. B 96110

CERTIFICATE OF DEATH.

(Place of Death.) No. 1118 N. Charles St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James D Mason

{Residence, if in Baltimore, Give Street and Number.} 1118 N. Charles St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH March 6 1853

AGE 5-3 years, 9 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James D Mason

BIRTHPLACE OF FATHER (State or country) Pa

MAIDEN NAME OF MOTHER Mary Cooke

BIRTHPLACE OF MOTHER (State or country) Pa

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Dudley Mason

(Address) 1118 N. Charles St

Filed Dec 12 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Monday Dec 10th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 27 1906 to Dec 10 1906

that I last saw h~~im~~ alive on Dec 10 1906,

and that death occurred, on the date stated above, at 10.30 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) 1 DAY

Contributory (Primary.) Oedema of the lungs (DURATION) 10 hours

(Signed) Julius Friedenwald M.D.

Address 1 W Franklin St

Date Dec 11th 1906

Place of Burial Greenmount

Date Dec 12th 1906 1906

Undertaker New Jenkins Hose Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

96111

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96111

City of Baltimore, (No. 217 E. Fort ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma E. Thompson.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June (Month) 3rd (Day) 1866 (Year)

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: John Gable.

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Harriette Vickers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Home Keeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thompson,

(Address) 217 E. Fort ave.

Filed 12/12 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 10th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from December 4th 1906 to December 10th 1906

that I last saw her alive on December 10 1906,

and that death occurred, on the date stated above, at 11.50 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

(DURATION) 9 DAYS

Contributory Nephritis

(DURATION) ... DAYS

(Signed) J. Griffith Davis M. D.

December 11 1906 (Address) 1230 Light St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec. 13 1906

UNDERTAKER: E. J. Fanning

ADDRESS: 1760 Patterson

WM. J. C. DULANY CO., BALTIMORE

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Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 96112 — Registered No. B 96112

CERTIFICATE OF DEATH.

15

(Place of Death.) No. 137 Talbot St. Wardly St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant (Premature) of Robert Wood Jennie Wood

{Residence, if in Baltimore, Give Street and Number.} 137 Talbot St. Wardly

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: December 11th 1906

AGE: — years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Robert Wood

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Jennie Jefferson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Ff Father Robert Wood

(Address) 137 Talbot St.

Filed Dec 12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Dec 11 1906

that I last saw him alive on Dec 11 1906,

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Premature birth (6 1/2 months)

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Henry Whitte M.D.

Address 906 Gorsuch ave.

Date Dec 12. 1906

Place of Burial Mural Cem

Date December 12 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single), of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96113 — Registered No. B 96113

CERTIFICATE OF DEATH.

(Place of Death.) No. 1247 Sargant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Buechert

{Residence, if in Baltimore, Give Street and Number.} 1247 Sargeant to Life

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Mal
COLOR	White
DATE OF BIRTH	Sep. 28 1906
AGE	— years, 2 months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	Wm Buechert
BIRTHPLACE OF FATHER (State or country)	Balto. Md.
MAIDEN NAME OF MOTHER	Laura Wigworth
BIRTHPLACE OF MOTHER (State or country)	Balto. Md.
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Buechert

(Address) 1247 Sargant st.

Filed 12/12 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 11 1906

that I last saw h. alive on Dec 10 1906

and that death occurred, on the date stated above, at 6 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis 7

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Edw Humphreys M.D.

Address 617 Lenox

Date Dec 11 1906

Place of Burial Loudon Park Cem

Date Dec. 12 1906

Undertaker Ph. J. Dillon & Son

Address 746 Columbia ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 96114 — Registered No. 96114

CERTIFICATE OF DEATH.

(Place of Death.) No. 1819 Lorman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chester Bunn

{Residence, if in Baltimore, Give Street and Number.} 1819 Lorman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Col'd

DATE OF BIRTH: 1905

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Clarence Bunn

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Henrietta Bunn

BIRTHPLACE OF MOTHER (State or country): Anne Arundel Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lorraine Bunn

(Address) 1819 Lorman St

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 9 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 9 1906

that I last saw him alive on Dec 9 1906

and that death occurred, on the date stated above, at 2-30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Broncho Pneumonia

(DURATION) 9 DAYS

Con'tributory (Primary.) Asphyxia (DURATION) ... DAYS

(Signed) T. E. Dunphy M.D.

Address 2506 Pennsylvania Av.

Date Dec 10 1906

Place of Burial Mt Olivet

Date December 12 1906

Undertaker J. H. DENNIS,

Address 1302 PENNSYLVANIA AVE.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96115

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96115

City of Baltimore, (No. 730, N Wolfe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Zimmerman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 8 (Month) (Day) 1846 (Year)

AGE: 60 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Godhart Zimmerman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Schard

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Black Smith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John A Zimmerman

(Address) 730 N Wolfe St

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Dec 11 1906 that I last saw h/m alive on Dec 9 1906, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 6 Mos

Contributory

(DURATION) DAYS

(Signed) J. H. Graham M. D.

Dec 12 1906 (Address) 1003 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Oak Lawn | DATE OF BURIAL: Dec 14 1906

UNDERTAKER: Jos L Cook | ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96116 — Registered No. B 96116

CERTIFICATE OF DEATH.

(Place of Death.) 1017 N. Durham St. — (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Wm St. Riley

{Residence, if in Baltimore, Give Street and Number.} 1017 N Durham St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER William Riley

BIRTHPLACE OF FATHER (State or country) m d

MAIDEN NAME OF MOTHER Jane Gryffin

BIRTHPLACE OF MOTHER (State or country) m d

OCCUPATION OF DECEASED infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mother

(Address) 1017 n durham st

Filed 12/12 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 10 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 8 30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Fred'k Cunnius M.D.

Address Coroners Office

Date Dec 10 - 06 190

Place of Burial as Bury cemetery

Date dec 12 1906

Undertaker E Bryan

Address 2156 mc Elderry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 96117 — Registered No. B 96117

CERTIFICATE OF DEATH.

125

(Place of Death.) No. 1813 W. North ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie Montgomery

{ Residence, if in Baltimore, Give Street and Number. } 1813 W. North ave

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Aug. 29th 1866

AGE: 42 years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Jas. Shearer

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Mary J. Shearer

BIRTHPLACE OF MOTHER (State or country): Scotland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno. H. Montgomery

(Address) 1813 W North ave

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 11 1906 that I last saw her alive on Dec 11 1906, and that death occurred, on the date stated above, at 5.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Post Partum Hemorrhage

(DURATION) ½ hour DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas. H. Burkert M.D.

Address 1100 W Lafayette ave

Date Balto Dec 11th 1906

Place of Burial Greenmount

Date Dec 13th 1906

Undertaker G. F. Walker

Address 723 W Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96118

Ward 14 — 96118 — Registered No. B 96118

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Lexington & Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda Lightner

{Residence, if in Baltimore, Give Street and Number.} Aged Women's Home

Duration of Residence in Baltimore. 10 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH — 1

AGE 90 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Lancaster Pa

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E J Jones Matron Home

(Address)

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from July 1904 to Dec 11 1906 that I last saw h[illegible] alive on Dec 11 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Organic Disease of Heart

2 yrs (DURATION) DAYS

Contributory (Primary.) Arterio Scl

(DURATION) DAYS

(Signed) V L Norwood M.D.

Address 939 W Fayette St

Date Dec 12 1906

Place of Burial Greenmount

Date Dec 13th 1906

Undertaker Geo J Smith Co

Address 1600 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

96119

154

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96119

Registered No. B .....

City of Baltimore, (No. 2, Roslyn Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William R. B. Hunley

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	White
DATE OF BIRTH	Oct 31 1839 (Month) (Day) Year)
AGE	67 years, 1 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Mathews Co Va
FULL NAME OF FATHER	Thomas M. Hunley
BIRTHPLACE OF FATHER (State or country)	Mathews Co Va
MAIDEN NAME OF MOTHER	Margaret Lane
BIRTHPLACE OF MOTHER (State or country)	Mathews Co Va
OCCUPATION OF DECEASED	Wholesale Grocer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eva A Hunley

(Address) 2 Roslyn Ave

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 1901 to Dec 10 1906

that I last saw him alive on Dec 10 1906,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Senile Dementia

2 years (DURATION) ..... DAYS

Contributory Hydrocele

Pneumonia (DURATION) 4 DAYS

(Signed) Alex Edmunds M. D.

Dec 11 1906 (Address) 638 W. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec 13 1906
UNDERTAKER	ADDRESS
Geo J Smith Co	W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 96120 — Registered No. B 96120

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 106 N Schroeder St — St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Cynthia Attenweather

{Residence, if in Baltimore, Give Street and Number.} 106 N. Schroeder St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH Dec. 21 1884

AGE 22 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Peter Attenweiler

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margaret Gebhardt

BIRTHPLACE OF MOTHER (State or country) Balto. Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Margaret Attenweather

(Address)

Filed 12/12 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7 .....M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage - due to a gunshot shot wound through Pulmonary Artery

Accidental (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fredk Cassilius M.D.

Address Avenue Nec

Date Dec 11 - 06 1906

Place of Burial Holy Redeemer

Date Dec. 15 1906

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — Registered No. B 96121

96121

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 1315 Woodyear St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hannah M. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1315 Woodyear St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	1856
AGE	50 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Jno. Johnson
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary B Johnson
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Hatmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) WM Lewis

(Address) 1220 Linden Ave

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Dec 11 1906

that I last saw her alive on Dec 10 1906,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Pernicious Anaemia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) WM Lewis M.D.

Address 1220 Linden Ave

Date Dec 11 1906

Place of Burial Cathedral

Date Dec 13 1906

Undertaker Wm Cook

Address 502 E. York Ave

WM. J. C. DULANY CO., BALTIMORE.

96122

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96122

Registered No. B

City of Baltimore, (No. 1932 Wilkens Ave St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bautora A. Fischer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 11 (Day) 1864 (Year)

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Fred Hellman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara McLeuden

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas A Fischer

(Address) 1932 Wilkens ave

Filed 12/12 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 3 1906 to Dec 11 1906

that I last saw h[er] alive on Dec 10 1906,

and that death occurred, on the date stated above, at 1.20 P.M. The CAUSE OF DEATH was as follows:

Cardiac Cachexia

(DURATION) 2 DAYS

Contributory Pulmonary & Laryngeal Tuberculosis (DURATION) 2 [illegible]

(Signed) Howard Kahn M. D.

Dec 11 1906 (Address) 2027 E Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 14 1906

UNDERTAKER: Geo A Gerbig — ADDRESS: 148 Pulaski St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 96123 — Registered No. B 96123

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital 629 Pierce St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Florence Coates

{ Residence, if in Baltimore, Give Street and Number. } 629 Pierce St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: colored
DATE OF BIRTH	1
AGE	26 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Thomas Turner
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Maria Heaver
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Coates

(Address) 629 Pierce St

Filed 12/12 1906

HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1906 to Dec 11th 1906

that I last saw h[illegible] alive on Dec 11th 1906

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus

Contracted at Md. Gen'l Hospital

(DURATION) DAYS

Contributory (Primary) Ruptured Hemorrhage, Shock (DURATION) DAYS

(Signed) Hamilton A. Bain M.D.

Address 6/a 10 E Biddle

Date Dec. 12th 1906

Place of Burial Marlboro Station Prince George's County Md

Date Dec 13th 1906

Undertaker Felix B Pye Jr.

Address 1026 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 96124 — Registered No. B 96124

66

CERTIFICATE OF DEATH.

(Place of Death.) No. 818 E. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Dawson

{ Residence, if in Baltimore, Give Street and Number. } 818 E. Preston St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH	Aug 15th 1832
AGE	74 years, 3 months, 26 days
~~SINGLE,~~ MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Crowe
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary O'Neill
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Hown Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address 818 E. Preston St

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec. 11th 1906

that I last saw h er alive on Dec 11th 1906

and that death occurred, on the date stated above, at 1

P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia ~~Left~~

Right side

(DURATION) 10 DAYS

Con'ributory (Primary.) Age

(DURATION) DAYS

(Signed) Jno Burke Boyle M.D.

Address 1001 N. Calvert St

Date Dec 12th 1906

Place of Burial Cathedral

Date Dec 13 1906

Undertaker H. C. Windfield

Address 914 Greenmt Ave

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 96125 — Registered No. B 96125

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1444 Patapsco St

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Matilda Elliott

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 1444 Patapsco St

PERSONAL AND STATISTICAL PARTICULARS

SEX: F. | COLOR: W.

DATE OF BIRTH: — 1818

AGE: 88 years, — months, — days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Beaty (son in law

(Address) 1444 Patapsco St

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1906 to Dec 11th 1906

that I last saw h er alive on Dec 10th 1906,

and that death occurred, on the date stated above, at 2.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

6 days (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H J O'Donnell M.D.

Address 1940 S Charles St

Date Dec 11th 1906

Place of Burial Baltimore Cemetery

Date December 13th 1906

Undertaker Daniel and W. L. Fisher

Address 42 E. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 Registered No. B 96126

96126

CERTIFICATE OF DEATH. 174

(Place of Death.) No. 2538 Greenmount Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Flynn.

{ Residence, if in Baltimore, Give Street and Number. } 2538 Greenmount Av.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White.

DATE OF BIRTH 1

AGE 60. years, months, days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ Widow.

BIRTHPLACE (State or country) Ireland.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country) Ireland.

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs J. Mahle

(Address) 2538 York Road

Filed 12/12 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th, 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1906, to Dec. 10, 1906, that I last saw her alive on Dec. 10, 1906, and that death occurred, on the date stated above, at 2 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Paralysis,

(DURATION) 10 DAYS

Contributory (Primary.) Carbon Dioxide Poisoning. (DURATION) DAYS

(Signed) Hugh Forsythe, M.D.

Address 424 E. North Ave.

Date Dec. 12, 1906. 190

Place of Burial Cathedral cemetery

Date Dec 13 190

Undertaker Daniel & Margt G. Flynn

Address 42 & West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24

96127

Registered No. B 96127

172

CERTIFICATE OF DEATH.

(Place of Death.) No. Foot of Charles St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bernard H. Seidler.

{Residence, if in Baltimore, Give Street and Number.} 228 E. Cross St.

Duration of Residence in Baltimore. 7 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: October 5 1841	
AGE: 65 years, 2 months, 4 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany.
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Watchman.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Whaley (daughter)

(Address) 228 E Cross St

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 9 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190....

and that death occurred, on the date stated above, at 10.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Accidental Drowning

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) C. Steinhardt M.D.

Address Coroner

Date December 11 1906

Place of Burial Druid Ridge Cem.

Date Dec 13 1906

Undertaker Chas. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 96128 — Registered No. B 96128 40

CERTIFICATE OF DEATH.

(Place of Death.) No. 1457 Garrett St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Francesca Nicole

{Residence, if in Baltimore, Give Street and Number.} 1457 Barret ave

Duration of Residence in Baltimore. 10 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1846

AGE 60 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Russia Poland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Russia Poland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Russia - Poland

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leon Gralerski

(Address) 1429 Garret Ave

Filed 12/12/1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11 1906

I HEREBY CERTIFY, That I attended deceased from January 1 1906 to Dec 11 1906

that I last saw her alive on Dec 11 1906,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma gastr. (DURATION) 1 year DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Mahu M.D.

Address 1510 E. Fort Ave

Date Dec 11 1906

Place of Burial Holy Rosary

Date December 13 1906

Undertaker Jacob T. Kalkowski

Address 1428 Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 1

HEALTH DEPARTMENT, City of Baltimore.

Registered No. B 9612

CERTIFICATE OF DEATH.

105

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Allen

{Residence, if in Baltimore, Give Street and Number.} Lord Alleghaney Co Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Feb. 8 1853

AGE: 53 years, 10 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: Alex Ward.

BIRTHPLACE OF FATHER (State or country): Scotland.

MAIDEN NAME OF MOTHER: Jane Kinwell.

BIRTHPLACE OF MOTHER (State or country): Scotland.

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane A Allen

(Address) Sard Md

Filed Dec 13th 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Dec 12 1906 that I last saw h alive on Dec 12 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Strangulated Umbelical Hernia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E H Richardson M.D.

Address Johns Hopkins Hospital

Date Dec 12 1906

Place of Burial Ocean, Alleganey Co Md

Date Dec. 13th 1906

Undertaker E. I Canning

Address 1938, E Lafayette av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

Registered No. B 96130

142

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E Toller

{ Residence, if in Baltimore, Give Street and Number. } Alesia Carroll Co Md

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 5 1/2 1839

AGE: 67 years, 5 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Samuel Forman

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Christine Scherer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Koller

(Address) 604 E Lexington St

Filed Dec 13 1906

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

C, S, & L. R.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21 1906 to Dec 11 1906

that I last saw him alive on Dec 11 1906

and that death occurred, on the date stated above, at 11 25 M. CAUSE OF DEATH (Secondary or Immediate

Senile Gangrene

Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date 12/12 1906

Place of Burial Alesia Carroll Co. Md

Date Dec 13 1906

Undertaker HENRY SANDER & SONS,

Address S. E. Cor. Broadway & Balto Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 96131 — Registered No. B 96131

96131

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1131 Briscoe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Serena Cox 6

{Residence, if in Baltimore, Give Street and Number.} 1131 Briscoe St

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 72 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Waters

(Address) 1131 Briscoe St

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1906

I HEREBY CERTIFY, That I attended deceased from ~~December~~ 1906 to ~~December~~ 1906

that I last saw h alive on ~~December~~ 1906,

and that death occurred, on the date stated above, at 5.20 A. M. CAUSE OF DEATH (Secondary or Immediate

Organic disease of the Heart & Kidneys

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Otto Leinhardt M.D.

Address Coroner

Date December 11 1906

Place of Burial Mt. Auburn Cem

Date Dec 13 1906

Undertaker Jno H. Toadvine

Address 142 W Hill St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 96132 — Registered No. B 96132

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 169 W Hamburg St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sophia Robinson

{Residence, if in Baltimore, Give Street and Number.} 169 W. Hamburg St.

Duration of Residence in Baltimore. 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: colored

DATE OF BIRTH: 1

AGE: 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: Joseph See

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Mazy Grace

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Robinson

(Address) 169 W Hamburg St

Filed 12/13 1906 — HARRY O. ANDREWS, Registrar — PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Dec 3 1906 to Dec 11 1906

that I last saw h[illegible] alive on Dec 11 1906,

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure

(DURATION) 1 DAYS

Contributory (Primary.) Myocarditis

(DURATION) (?) DAYS

(Signed) H S McCard M.D.

Address 136 W Hill St

Date Dec 12 1906

Place of Burial Md. Auburndale

Date Dec 14 1906

Undertaker Jno H. Fowdrue

Address 142 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B 96133

96133

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lawrence R. Mitchell

{Residence, if in Baltimore, Give Street and Number.} 211 N. Durham St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Colored
DATE OF BIRTH: July 6 1905	
AGE: 1 years, 5 months, 5 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country): Baltimore	
FULL NAME OF FATHER: William Matthew Mitchell	
BIRTHPLACE OF FATHER (State or country): Baltimore Md.	
MAIDEN NAME OF MOTHER: Elizabeth A. Moore	
BIRTHPLACE OF MOTHER (State or country): Baltimore Md.	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Mitchell

(Address) 211 N. Durham st

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 11 1906 that I last saw h[illegible] alive on Dec 11 1906. and that death occurred, on the date stated above, at 12:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ~~21~~ 21 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rude M.D.

Address 1000 E. Balt. ✓

Date Dec 11. 1906

Place of Burial Laurel Cemetery

Date December 13 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

96134

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

96134

Registered No. B.....

City of Baltimore, (No. 422 St. Mary's St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles McKinley Heath

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Mulatto,

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 9 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank Heath

BIRTHPLACE OF FATHER (State or country): Kent Island, Md.

MAIDEN NAME OF MOTHER: Eldora Hammond

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Heath. (Father)

(Address) 422 St. Mary's St.

Filed 12/13 1906

HARRY C. ANDREWS.
PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 12 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Nov. 13 1906

that I last saw him alive on about 2 Nov 1906 Dec 12

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Miliary Tuberculosis

about 1 year (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. A. Wales M. D.

Dec. 12 1906 (Address) 1711 Madison ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 13 1906

UNDERTAKER: Felix B. Fitz

ADDRESS: 1026 Hanover

This was a dispensary patient who came there for treatment, till last night. Visits only paid to home when he was unable to come to dispensary

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96135 — Registered No. B 96135

CERTIFICATE OF DEATH.

50

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mr Frederick Fuchs

{Residence, if in Baltimore, Give Street and Number.} 1336 Hollins St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Dec. 31. 1846

AGE 59 years, 11 months, 10 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Kirchberg Germany

FULL NAME OF FATHER Louis. Fuchs

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catharine Heatwohl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Restaurant Prop.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph L. Smith

(Address) 2429 Francis St

Filed 12/13 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1906 to Dec 10th 1906 that I last saw h~~im~~ alive on Dec 10th 1906, and that death occurred, on the date stated above, at 2.35 P.M. CAUSE OF DEATH (Secondary or Immediate)

Encysted Peritonitis with multiple abscesses

Diabetes

(DURATION) DAYS

Contributory (Primary.) Perforation of bowel

(~~consequence~~) (DURATION) DAYS

(Signed) A. Riggs M.D.

Address 514 Division St

Date Dec 10th 1906

Place of Burial Loudon Park Cemetery

Date December 13 1906

Undertaker J. Ahrendts

Address 754 E Eutaw St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

20

96136

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96136

Registered No. B.....

City of Baltimore, (No. 1901 Frederick av St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME John M Kneeler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 12 (Month) 12 (Day) 1868 (Year)

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balt

FULL NAME OF FATHER: Lawrence Kessler

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Agnes Schultz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C Lowndale

(Address) 1931 Frederick Ave

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 11 1906

that I last saw h[illegible] alive on Dec 10 1906.

and that death occurred, on the date stated above, at 4 a m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) M. G. Smith M.D.

Dec 12 1906 (Address) 628 W Lexington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cathedral	Dec 14th 1906
UNDERTAKER	ADDRESS
S Kreltzman	801 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1

96137

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96137

City of Baltimore, (No. 533 Milton ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John S. Price

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: December (Month) 18 (Day) 1834 (Year)

AGE: 72 years, — months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George L Price

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary A Stone

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: Clerk.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M Price

(Address) 533 Milton ave

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept. 11 1906 to Dec 11 1906

that I last saw h[illegible] alive on Dec 11 1906,

and that death occurred, on the date stated above, at 1:30 P. M. The CAUSE OF DEATH was as follows:

Carcinoma of Liver.

about 1 yr (DURATION)

Contributory Exhaustion

(DURATION) 10 DAYS

(Signed) J. Boardman. M. D.

Dec 13 1906 (Address) 915 N. Para.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Grant cemetery

DATE OF BURIAL: Dec 13 1906

UNDERTAKER: Lewis F. Schafer,

ADDRESS: 916 Fremont a

WM. J. C. DULANY CO., BALTIMORE.

V

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

15

96138

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 96138

City of Baltimore, (No. 1426 Vincent St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] 1426.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jesse Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Unknown (Month) 1 (Day) Year)

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md (Centreville)

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Johnson (Son)

(Address) 1319 Pamlico JOHNS HOPKINS HOSPITAL

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1906 to Dec 8th 1906

that I last saw h alive on Dec 8th 1906,

and that death occurred, on the date stated above, at 8 P.M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) DAYS

Contributory .....

(DURATION) DAYS

(Signed) Gilman D Evans M.D.

Dec 10 1906 (Address) 833 N Fulton Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: JOHNS HOPKINS HOSPITAL — DATE OF BURIAL: Dec 12 1906

UNDERTAKER: Commissioner Health — ADDRESS: Health Dept

WM. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

1/10

06
86

HEALTH DEPARTMENT, City of Baltimore. 96139

Ward 10 96139 Registered No. B

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 857 Greenmount Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name John H. Minnick

{Residence, if in Baltimore, Give Street and Number.} 857 Greenmount Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 30 1820

AGE 76 years, 8 months, 12 days

~~SINGLE, MARRIED~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore.

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) Pennsylvania.

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Stone Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Son

(Address) 857 Greenmt Ave

Filed 12/13 1906 HARRY C. ANDREWS PERMIT CLERK Registrar

Dr Scarff

Gov and town —

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 3rd 1906 to Dec 11th 1906

that I last saw him alive on Dec 11th 1906

and that death occurred, on the date stated above, at 10.40 P. M. CAUSE OF DEATH (Secondary or Immediate.)

~~1m~~ Double Pneumonia

(DURATION) 8 DAYS

Con'tributory (Primary.) Cold + Old age

(DURATION) — DAYS

(Signed) D W Scarff M.D.

Address Wilson & Ready Agts.

Date Dec. 11th 1906

Place of Burial Greenmount

Date Dec 14 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmt. Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2 ... it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty of ... who attended during his or her last sickness, or the Coroner, when the case comes under his ... en hours after death, to the Undertaker, or other person superintending the burial, a certificate ... can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person ... of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 96140 — Registered No. B 96140

39

CERTIFICATE OF DEATH.

(Place of Death.) No. 1430 E. Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Johns

{Residence, if in Baltimore, Give Street and Number.} 1430 E. Lanvale St.

Duration of Residence in Baltimore. 35 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	COLOR: White
DATE OF BIRTH: May 4, 1862	
AGE: 44 years, 7 months, 6 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto. Co., Md.
FULL NAME OF FATHER	Joshua Carter
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Ellen Treadwell
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Robert Regester.

(Address) St. Paul & 30th. St.

Filed 12/13/06

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 10th. 1906

I HEREBY CERTIFY, That I attended deceased from June 1906 to Dec 10th 1906

that I last saw h[illegible] alive on Dec 10th 1906,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia (Heart & Thrombosis)

14 days (DURATION)

Contributory (Primary.) Cancer of Lower Maxillary

Two years (DURATION)

(Signed) Wilmer Brinton M.D.

Address S.W. Cor Calvert & Preston Sts.

Date Dec. 12th. 1906. 190

Place of Burial Lorraine Cemetery

Date Dec. 13, 1906

Undertaker Henry W. Means and Sons

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

96141

Registered No. B 96141

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name George W Jones

{ Residence, if in Baltimore, Give Street and Number. } 735 N. Washington St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... 1.....

AGE: 53 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: T. S. Jones

BIRTHPLACE OF FATHER (State or country): Ind

MAIDEN NAME OF MOTHER: Mary A Phillips

BIRTHPLACE OF MOTHER (State or country): Ind

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H. Jones

(Address) 1913 E. Pratt

Filed 12/13 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 11 1906

that I last saw him alive on Dec 11 1906,

and that death occurred, on the date stated above, at 3:12 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral Haemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp.

Date 12/11 1906

Place of Burial Baltimore Cem.

Date DEC 14 1906

Undertaker Wm. J. Dulany

Address 821 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96142 — Registered No. B 96142 — 12

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 Forrest St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ready

{Residence, if in Baltimore, Give Street and Number.} 713 Forrest st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: Apr 11 1903

AGE: 3 years, 7 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William Ready

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Annie Reuse

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Stone

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Ready

(Address) 713 Forrest st

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 11 1906 190

I HEREBY CERTIFY, That I attended deceased from About Dec 25 1906 to Dec 11th 1906

that I last saw h[er] alive on Dec 11 1906

and that death occurred, on the date stated above, at 8 15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) DAYS

Contributory (Primary.) Bronchio-Pneumonia

(DURATION) DAYS

(Signed) Geo Reynolds M.D.

Address 809 N Charles St

Date DEC 12 1906 190

Place of Burial Holy Cross Cemetery

Date DEC 13 1906 190

Undertaker Chas J Ellis

Address 711 E Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 27 — 96143 — Registered No. B 96143

CERTIFICATE OF DEATH.

(Place of Death.) No. 745 Columbia ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles A Houff.

{Residence, if in Baltimore, Give Street and Number.} 745 Columbia ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Aug 25 1875

AGE: 31 years, 2 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas J Houff

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Rhoderr

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Houff

(Address) 745 Columbia a

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1905 to Dec. 11 1906

that I last saw him alive on Dec. 10 1906,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis 18 Months

(DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. C. Lumpkin M.D.

Address 653 Columbia Ave

Date Dec. 12, 1906.

Place of Burial London Park Cem.

Date December 14 1906

Undertaker Wm J Tuckner & Son

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) ***and date of death*** of the person deceased, and the ***cause and date of death***.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96144 — Registered No. B 96144

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 610-612 E. Pratt St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Gregory

{ Residence, if in Baltimore, Give Street and Number. } 610-612 E. Pratt St

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Unknown

AGE: about 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 3d 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 1906 to Death 1906

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Bright's Disease

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) B. S. Hayden Coroner M.D.

Address 1216 N. Carolina St.

Date Dec. 8 1906

Place of Burial Loudon Park

Date Dec 13 1906

Undertaker W. J. Jackson & Son

Address 475 W. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24

HEALTH DEPARTMENT, City of Baltimore.

96145 Registered No. B 96145

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1517 Webster St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank M Bayline

{Residence, if in Baltimore, Give Street and Number.} 1517 Webster St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 16 1879

AGE: 26 years, 11 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Andrew Bayline

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Elizabeth Reese

BIRTHPLACE OF MOTHER (State or country): Washington D C

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Andrew Bayline

(Address) 1733 Bolton

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 10 th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 18 1906 to Dec 10 1906 that I last saw h alive on Dec 10 1906, and that death occurred, on the date stated above, at 7 55 P M. CAUSE OF DEATH (Secondary or Immediate.)

1 Asthenia

(DURATION) 90 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) 90 DAYS

(Signed) G L Mudd M.D.

Address 1/3 N Broadway

Date Dec 11 1906

Place of Burial Loudon Park

Date Dec 13th 1906

Undertaker E J Gunning

Address 1760 Battery ave

WM. J. C. DULANY CO., BALTIMORE.

96146

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96146

City of Baltimore, (No. 1003, Druid Hill Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Mary Simms

PERSONAL AND STATISTICAL PARTICULARS

SEX: F	COLOR: B
DATE OF BIRTH: December (Month) 27 (Day) 1862 (Year)	
AGE: 44 years, months, 15 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): Baltimore City	
FULL NAME OF FATHER: Edward Simms	
BIRTHPLACE OF FATHER (State or country): Baltimore County	
MAIDEN NAME OF MOTHER: Arminty Davis	
BIRTHPLACE OF MOTHER (State or country): Liberty Frederick Co	
OCCUPATION OF DECEASED: Cook	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H P Smith

(Address) 640 N Carrollton Ave

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 11 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 20th 1906 to Dec 11 1906

that I last saw her alive on Dec 6 1906

and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH was as follows:

Tuberculosis

(Sudden) Heart Failure

(DURATION) 20 DAYS

Contributory Tuberculosis

(DURATION) 21 DAYS

(Signed) H P Smith M.D.

Dec 11 1906 (Address) 640 N Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 13 1906
UNDERTAKER: Alex Hemsley	ADDRESS: 578 Aisquith St

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

MISSING CERTIFICATE

B 96147

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 96148 — Registered No. B 96148

CERTIFICATE OF DEATH.

(Place of Death.) No. 1711 North Regester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Belle Thomas

{Residence, if in Baltimore, Give Street and Number.} 1711 North Regester st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: October 5. 1878

AGE: 28 years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore, Md.

FULL NAME OF FATHER: George W. Allen

BIRTHPLACE OF FATHER (State or country): Baltimore, Md.

MAIDEN NAME OF MOTHER: Anna R. Warner

BIRTHPLACE OF MOTHER (State or country): Baltimore, Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George V. Thomas

(Address) 1711 N. Regester

Filed 12/13 1906

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 16 1906 to Dec 11 1906

that I last saw h[illegible] alive on Dec 9 1906,

and that death occurred, on the date stated above, at 9.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis Laryngitis

(DURATION) 3 mos. DAYS

Contributory (Primary.) Pneumonia

(DURATION) 1 mo. DAYS

(Signed) H. S. Gilroy M.D.

Address 1731 E. Baltimore St.

Date Dec. 12 1906

Place of Burial: Loudon Park

Date: Dec. 14, 1906

Undertaker: Zirkler & Zirkler

Address: 1739 E. Eager st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 96149 — Registered No. B 96149

44

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 Greenmount Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Hanna Rosier

{Residence, if in Baltimore, Give Street and Number.} 1305 Greenmount Ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: — 1

AGE: 84 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Matthew Hunt

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Louis J. Rosier

(Address) 1305 Greenmount Ave

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1905 to Dec 12 1906

that I last saw her alive on Dec 11 1906,

and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of face

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Pearce M.D.

Address 1238 Greenmount Ave

Date Dec 12 1906

Place of Burial Friendship Md

Date Dec. 14 1906

Undertaker William Cook

Address 5026 Harford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 24

Registered No. B 96150

96150

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 205 E. Heath St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name William O. Murphy

{ Residence, if in Baltimore, Give Street and Number. } 205 E Heath St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: July 20 1856	
AGE: 50 years, 4 months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Thomas A Murphy
BIRTHPLACE OF FATHER (State or country)	Frederick Md
MAIDEN NAME OF MOTHER	Mary B
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	Packer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Murphy (wife)

(Address) 205 E. Heath St.

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 11.20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Bronchitis

Asthma

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Theo Weinhardt M.D.

Address Coroner

Date December 12 1906

Place of Burial Louden Park Cemetery

Date December 14th 1906

Undertaker Edward I Fanning

Address 1430 Battery Ave;

WM. J. C. DULANY CO., BALTIMORE.

George J Young
1735 N Broadway

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 96151 — Registered No. B 96151

91

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 N Chester St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Thomas Storke

{ Residence, if in Baltimore, Give Street and Number. } 106 N Chester St.

Duration of Residence in Baltimore. Most of Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR W

DATE OF BIRTH April 7th 1837

AGE 69 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Thomas Stake

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Rebecca C Lamb

BIRTHPLACE OF MOTHER (State or country) Kent Co Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary W Storke

(Address) 106 N Chester St

Filed 12/13/06 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1906

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to Dec 11 1906

that I last saw h[illegible] alive on Dec 11 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate

Chronic Bronchitis

Contributory (Primary.) Exhaustion (DURATION) ..... DAYS

(DURATION) ..... DAYS

(Signed) Geo. J. Young M.D.

Address 1735 N Broadway

Date Dec 12 1906

Place of Burial Lynch Sta" Kent Co Md

Date Dec 14th 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 96152 — Registered No. B 96152

164

CERTIFICATE OF DEATH.

(Place of Death.) No. Mt Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Alexandria Swasey

{Residence, if in Baltimore, Give Street and Number.} 2112 Bolton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Wh.
DATE OF BIRTH: 1	
AGE: 79 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Mass.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Major Swasey

(Address) 2112 Bolton Ave.

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 12 - 1906

I HEREBY CERTIFY, That I attended deceased from Dec - 6 - 1906 to Dec - 12 1906

that I last saw h. alive on Dec - 12 1906

and that death occurred, on the date stated above, at 1.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Fractured Femur.

(DURATION) 7 DAYS

Con'tributory (Primary.) Senility & Shock

(DURATION) 6 DAYS

(Signed) W. W. Stone M.D.

Address 1122 N Mount St

Date 12 - 12 - 1906

Place of Burial Druid Ridge Cemetery

Date Dec 14 1906

Undertaker Mrs Andrew Rohde & Son

Address 730 Penna Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 96153 — Registered No. B 96153

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benedict Benjamin

{ Residence, if in Baltimore, Give Street and Number. } 302 No Eden St

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 69 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Widower

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): do

MAIDEN NAME OF MOTHER: do

BIRTHPLACE OF MOTHER (State or country): do

OCCUPATION OF DECEASED: Physician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Phillip S Sandorsky

(Address) 302 No Eden St

Filed 12/13 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 12 1906

that I last saw h alive on Dec 12 1906

and that death occurred, on the date stated above, at 10 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Insufficiency

(DURATION) DAYS

Contributory (Primary) Pleurisy with effusion

(DURATION) DAYS

(Signed) W. MacCallum M.D.

Address Johns Hopkins Hospital

Date Dec 13 1906

Place of Burial Baltimore Cem.

Date DEC 14 1906 190

Undertaker Wm. S. Fry.

Address 821 E. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — Registered No. B 96154

96154

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1512 Riggs Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Grace Blunt

{Residence, if in Baltimore, Give Street and Number.} 1512 Riggs Ave

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem — COLOR: Col

DATE OF BIRTH: 1

AGE: 2 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Edward Blunt

BIRTHPLACE OF FATHER (State or country): North Carolina

MAIDEN NAME OF MOTHER: Louisa Lowder

BIRTHPLACE OF MOTHER (State or country): N. C.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Blunt

(Address) 15-12. Riggs Ave

Filed 12/13/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 11 1906

I HEREBY CERTIFY, That I attended deceased from Oct 9 1906 to Dec 11 1906 that I last saw h.. alive on Dec 11 1906, and that death occurred, on the date stated above, at 5½ P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 14 DAYS

Contributory (Primary.) Pleuro Pneumonia

Tuberculosis (DURATION) 2 Months

(Signed) John R Hall M.D.

Address 647 W Lafayette Ave

Date Dec 12 1906

Place of Burial Mt Auburn Cem

Date Dec 14th 1906

Undertaker John F. Haas

Address 1611 Eutaw Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 96155 — Registered No. B 96155

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 1305 W. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Haddock

{Residence, if in Baltimore, Give Street and Number.} 1305 W. Lombard St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 21st 1859

AGE: 47 years, 5 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James Haddock

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Ann Smythe

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Kate Kurtz

(Address) 1305 W. Lombard St

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 11th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1905 to Dec 11 1906

that I last saw h[illegible] alive on Dec 11 1906

and that death occurred, on the date stated above, at 11-3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 14 Mos.

Contributory (Primary.)

(DURATION) DAYS

(Signed) M. O'Neill M.D.

Address 1315 Hollins St

Date Dec. 13 1906

Place of Burial Loudon Park Cem.

Date Dec 14th 1906

Undertaker John J. Gruver

Address Pratt & Arm Sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

96156

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96156

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 308 W Madison St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Mandel

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	Aug 27 1906 (Month) (Day) (Year)
AGE	..... years, 3 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	md
FULL NAME OF FATHER	Chas. Gressel
BIRTHPLACE OF FATHER (State or country)	Michigan
MAIDEN NAME OF MOTHER	Gressel
BIRTHPLACE OF MOTHER (State or country)	Michigan
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Gressel

(Address) 308 W. Madison

Filed 12/13/1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Dec 7 1906 to Dec 13 1906

that I last saw h[illegible] alive on Dec 13 1906,

and that death occurred, on the date stated above, at 11 a M. The CAUSE OF DEATH was as follows:

Malnutrition

(DURATION) 90 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Joseph L Deane M. D.

Dec 13 1906 (Address) 721 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Peters	Dec 14 1906
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8

Registered No. B 96157

CERTIFICATE OF DEATH.

(Place of Death.) No. 1308 N Gay St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rodger L Van Fossen

{ Residence, if in Baltimore, Give Street and Number. } 1308 N Gay St.

Duration of Residence in Baltimore. 13 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER L Van Fossen

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Inga Tollenger

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Wheelright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Nossel

(Address) 1442 N Gay St

Filed Dec 14th 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12 — 1906

I HEREBY CERTIFY, That I attended deceased from

..... 190 .... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 5 a.m. CAUSE OF DEATH (Secondary or Immediate)

Cr. Just Nephritis

(Medical Term) (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Jno H Cullen M.D.

Address Corner N Gay

Date Dec. 12-06

Place of Burial Frederick

Date Dec 15th

Undertaker Geo Nos

Address 1442 N Ga

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Missing CERTIFICATE

B 96158

To

B 96169

. Ward 9 95170 Registered No. B 96170

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Major Gilliams

{Residence, if in Baltimore, Give Street and Number.} 1129 Clarkson St.

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR Col.

DATE OF BIRTH 1

AGE 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Sngl

BIRTHPLACE (State or country) U.S.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 12/14 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 10 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 9- 1906 to Dec. 10 1906

that I last saw him alive on Dec. 10 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immed

Pneumonia

(DURATION) 7

Contributory (Primary.)

(DURATION)

(Signed) W. A. Dorsey M.

Address City Hospital

Date December 10 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 13 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL P[illegible]PO

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

Ward X

96171 Registered No. B 96171

CERTIFICATE OF DEATH.

(Place of Death.) No. 507 W Lombard St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary L. Lessner

{Residence, if in Baltimore, Give Street and Number.} 507 W Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Aug 6 1866
AGE	40 years, 4 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	City.
FULL NAME OF FATHER	John Moran
BIRTHPLACE OF FATHER (State or country)	md -
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Kruger

(Address) 14 W Fayette St

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1906

I HEREBY CERTIFY, That I attended deceased from as Coroner 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immed

Heart Disease

(DURATION)

Contributory (Primary.) Alcoholism (DURATION) D

(Signed) Patrick F Marlee M.D.

Coroner

Address

Date Dec 13 190

Place of Burial Holy Redeemer Cem

Date December 15 1906

Undertaker Wm J Tickner & Son

Address Monument & Pacific Sts.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96172 Registered No. B 96172

CERTIFICATE OF DEATH.

43

(Place of Death.) No. 1018 North Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melvin H. Bomemann

{ Residence, if in Baltimore, Give Street and Number. } 1018 North Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 2, 1906

AGE ..... years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Harrison Bomemann

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma Elliott

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Bomemann

(Address) 1018 N. Bond st

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Dec 13 1906 that I last saw h.. alive on Dec 13 1906 and that death occurred, on the date stated above, at 6 P M. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

Contributory (Primary.) Exhaustion (DURATION) DAY

(DURATION) DAY

(Signed) Geo Fryoung M.D.

Address 1735 N Broadway

Date Dec 14 1906

Place of Burial Mt Olivet Cem

Date Dec. 15 1906

Undertaker Zirkler & Zirkler

Address 1739 E. Eager

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96173

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96173

City of Baltimore, (No. 1418 Eutaw Place St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William James Herdman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 7th (Day) 1848 (Year)

AGE: 58 years, 3 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ohio, Canada

FULL NAME OF FATHER: James Herdman

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Eliza A. Elliott

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr E A Herdman

(Address) Ann Arbor Mich

Filed 12/14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 14th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Dec 14th 1906

that I last saw him alive on Dec 13th 1906,

and that death occurred, on the date stated above, at 7 A. M. The CAUSE OF DEATH was as follows:

Carcinoma of bowel

years (DURATION) DAYS

Contributory Heart failure

(DURATION) 4 DAYS

(Signed) H. A. Kelly M.D.

Dec 14 1906 (Address) 1418 Eutaw Pl

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Ann Arbor Mich

DATE OF BURIAL: Dec 17 1906

UNDERTAKER: Stewart & Mowry

ADDRESS: 215 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — Registered No. B 96174

CERTIFICATE OF DEATH.

96174 96174 96174

(Place of Death.) No. 2206 — Essex St. — St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Olive I. Renshaw

{Residence, if in Baltimore, Give Street and Number.} 2206 Essex St.

Duration of Residence in Baltimore. 2 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 29th 1905
AGE	1 years, 4 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Chas. Renshaw
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Eva L. Bramble
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Renshaw

(Address) 2206 Essex St.

Filed 12/14 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 8th 1906 to Dec 12th 1906

that I last saw her alive on Dec 12th 1906

and that death occurred, on the date stated above, at 10 50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia (with Whooping Cough)

7 (DURATION)

Contributory (Primary) Cardiac failure

(DURATION) DAYS

(Signed) C. S. Green M.D.

Address 619 Park Ave

Date Dec. 13 1906

Place of Burial Western Cemetery.

Date Dec. 14th 1906

Undertaker HENRY SAUER & SONS, S. E. Cor. Broadway & Balto. Sts.

Address and 1703-1705 Eastern Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96175 — Registered No. B 96175

53

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital Baltimore Maryland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John M Johnson

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. 20 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 66 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: married

BIRTHPLACE (State or country): N. Carolina.

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Christian Monroe

BIRTHPLACE OF MOTHER (State or country): N C

OCCUPATION OF DECEASED: Lawyer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J M Johnson

(Address) Marion SC

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13 Th. 1906.

I HEREBY CERTIFY, That I attended deceased from Nov 23 1906 to Dec 13 1906 that I last saw him alive on Dec 13 1906, and that death occurred, on the date stated above, at 9 50 P.M. CAUSE OF DEATH (Secondary or Immediate

Lymphatic Leukemia

(DURATION) DA

Contributory (Primary.)

(DURATION) DAYS

(Signed) S S Crouse M.D.

Address Johns Hopkins Hospital Balto. Md

Date Dec 13 Th 1906

Place of Burial Marion SC

Date DEC 14 1906

Undertaker Wm. J. Fry.

Address 831 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 14

96176 Registered No. B 96176

61

CERTIFICATE OF DEATH.

(Place of Death.) No. 2108 Ethin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Maggie Mason

{Residence, if in Baltimore, Give Street and Number.} 2108 Ethin St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: —

AGE: 20 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Frank Mason

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Rhoda J Nichols

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 2108 Ethin St

Filed Dec 13 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 12 1906

that I last saw her alive on Dec 12 1906,

and that death occurred, on the date stated above, at 3 3 M. CAUSE OF DEATH (Secondary or Immediate)

Sthaustion

(DURATION) 1 DAYS

Contributory (Primary.) Acute Meningitis (DURATION) 3 DAYS

(Signed) Geo G Stuck M.D.

Address 647 N Eutaw Ave

Date Dec 12 1906

Place of Burial Mt Auburn Cemetery

Date Dec 14 1906

Undertaker R S McElfatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96177 HEALTH DEPARTMENT, City of Baltimore. 96177.

Ward..... Registered No. B.....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William L. Robinson

{Residence, if in Baltimore, Give Street and Number.}.....

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1.....

AGE: 69 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Co Md.

FULL NAME OF FATHER: William Robinson

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt. BAY VIEW ASYLUM.

(Address)

Filed Dec 13th 1906 HARRY C. ANDE... Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 17 1906 to Dec. 12 1906

that I last saw h- in alive on Dec. 12 1906,

and that death occurred, on the date stated above, at 3.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pleurisy, Pulmonary Tuberculosis, Infantile Paralysis Chronic

(DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Sterling Gratty M.D.

Address Bay View Hospl.

Date Dec 13 1906

Place of Burial St Marys Cem Hampden

Date Dec 14 1906

Undertaker Jos L Cook

Address 1003 N Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

96178

96178 Registered No. B 96178

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1 Wing [illegible] Exeter (or street) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Smith

{Residence, if in Baltimore, Give Street and Number.} 129 Chestnut St

Duration of Residence in Baltimore. 1 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR Colored

DATE OF BIRTH [illegible] 1

AGE 38 years, [illegible] months, [illegible] days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Washington D.C.

FULL NAME OF FATHER John Smith

BIRTHPLACE OF FATHER (State or country) D C

MAIDEN NAME OF MOTHER Sarah Payton

BIRTHPLACE OF MOTHER (State or country) [illegible] Va.

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Smith

(Address) 120 Spring St

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12 1906

I HEREBY CERTIFY, That I attended deceased from [illegible] 190 to [illegible] 190

that I last saw h [illegible] alive on [illegible] 190,

and that death occurred, on the date stated above, at 5

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) [illegible] DAYS

Contributory (Primary.) —

(DURATION) [illegible] DAYS

(Signed) Benj. B Hayman M.D.

Address 1216 N Caroline St

Date Dec. 13, 1906

Place of Burial [illegible]

Date Dec 14 1906

Commissioner Health

Undertaker [illegible]

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96179

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 • Registered No. B 96179

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 Mulligan St. • St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William Savoy

{Residence, if in Baltimore, Give Street and Number.} 1239 Mulligan St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: May 8th 1905

AGE: 1 years, 7 months, 4 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER: Wm Savoy

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Cornelia Savoy

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Cornelia Savoy

(Address) 1239 Mulligan St

Filed Dec 13 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 12 1906.

I HEREBY CERTIFY, That I attended deceased from Dec 6, 06 1906 to Dec 12 1906

that I last saw h[illegible] alive on Dec 12, 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculus-Meningitis

(DURATION) 1 Mo

Contributory (Primary.) Exhaustion

(DURATION) 3 DAYS

(Signed) O. E. Lilly M.D.

Address 2001 Brunwell St.

Date Dec. 14, 06 1906

Place of Burial Osbrey Cemetery

Date Dec 16 1906

Undertaker Chas G Bailey

Address 1421 Jefferson St

HARRY O. ANDREWS
PERMIT COUPANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

24

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH. 96180

Registered No. B.....

City of Baltimore, (No. 2017, Druids Row St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Julia Aro

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. 28th 1847 (Month) (Day) (Year)

AGE: 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Jefferson Co. Ohio

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Dont Know

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): — —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Cost.

(Address) 2031 Frederick Ave.

Filed 12/14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 12th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 22nd 1906 to Dec 12th 1906 that I last saw her alive on Dec 8th 1906, and that death occurred, on the date stated above, at 4 P.M. The CAUSE OF DEATH was as follows:

Pulmonary Intra culosis

(DURATION) 9 mos DAYS

Contributory Asthenia

(DURATION) 2 mos 3 DAYS

(Signed) Jennie D. Byrne M. D.

Dec 14 1906 (Address) 1310 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cedar Hill

DATE OF BURIAL: Dec 15th 1906

UNDERTAKER: Jos. Steinbrink

ADDRESS: 1318 Light St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96181

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96181

Registered No. B.....

City of Baltimore, (No. 1317 N. Caroline St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chester S. Miles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct. (Month) 5 (Day) 1843 (Year)

AGE: 63 years, 2 months, 8 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Chas. Miles

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Kezia Uppeman

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: Conducter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Miles

(Address) 1317 N. Caroline St.

Filed 12/14 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 13th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1906 to Dec 13th 1906

that I last saw him alive on Dec ..... 190.....,

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Contributory Exhaustion (DURATION) 9 DAYS

(Signed) H. H. Chambers M. D.

Dec 14th 1906 (Address) 19 W. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: 12/15 1906

UNDERTAKER: Evans & Spence

ADDRESS: 118 E. Monument, Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT

Ward 10 Registered No. B 96182

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 1009 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Alderson

{Residence, if in Baltimore, Give Street and Number.} 1009 Clifton Place

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH Jan 6 1821

AGE 85 years, 11 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Hall Alderson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Ann Amos

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo Alderson

(Address) 1009 Clifton Place

Filed 12/14 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 12 1906 190

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1906 to Dec 12 1906 that I last saw h— alive on Dec 12th 1906, and that death occurred, on the date stated above, at 8 15 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Bronchitis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. W. Peaco M.D.

Address 1238 Eutaw

Date DEC 13 1906 190

Place of Burial Mt. Olivet, Com.

Date DEC 13 1906 190

Undertaker Wm. F. Fry,

Address 631 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 [redacted] Registered No. B 96182

113

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Ellison

{ Residence, if in Baltimore, Give Street and Number. } Camden Delaware

B. 96183

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 56 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Del

FULL NAME OF FATHER: [illegible]

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): [illegible]

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. C. Barnard

(Address) Camden Del

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 14 1906

I HEREBY CERTIFY, That I attended deceased from Nov 29 1906 to Dec 14 1906

that I last saw h[illegible] alive on Dec 14 1906;

and that death occurred, on the date stated above, at 12:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tobacco

(DURATION) DAYS

Contributory (Primary) Gall Stones

(DURATION) DAYS

(Signed) E. S. T. Richardson M.D.

Address Johns Hopkins Hospital

Date 12/14 1906

Place of Burial Wyoming Delaware

Date DEC 15 1906

Undertaker Wm. J. Sip

Address 841 N. BROADWAY.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 14 — 96184 — Registered No. B 96184

CERTIFICATE OF DEATH.

(Place of Death.) No. 1617 Edmonson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William E Stewart

{Residence, if in Baltimore, Give Street and Number.} 1617 Edmonson Ave

Duration of Residence in Baltimore.. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: white

DATE OF BIRTH: Sept 20. 1818

AGE: 88 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Nicholson

(Address) 1617 Edmondson Ave

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5th 1906 to Dec 13th 1906 that I last saw h[illegible] in alive on Dec 13th 1906, and that death occurred, on the date stated above, at 12 M.

1. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

36 Hours (DURATION) DAYS

Contributory (Primary.) Arterio-Sclerosis

(DURATION) DAYS

(Signed) A L Dumbbson M.D.

Address 2013 Bank st

Date Dec 14th 1906.

Place of Burial Green Mount

Date Dec. 15 = 1906.

Undertaker E M Mitchell

Address 1301 W. Fayette St =

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — Registered No. B 96185

96185

CERTIFICATE OF DEATH.

137

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Fraser

{ Residence, if in Baltimore, Give Street and Number. } 828 Machanics St

Duration of Residence in Baltimore. 9

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 20 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sister

(Address) 828 machanics st

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 13 1906

that I last saw him alive on Dec 13 1906,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Puerperal Pyaemia

Lung abscesses

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date 12/13 1906

Place of Burial Asbury

Date Dec 15 1906

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 96186 — Registered No. B 96186

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 310 Bethel Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillian Webb

{Residence, if in Baltimore, Give Street and Number.} 310 Bethel Court

Duration of Residence in Baltimore. life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH / / 1888

AGE 18 years, ... months, ... days

SINGLE, ~~MARRIED~~, ~~WIDOWED, OR DIVORCED~~ S

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Wm T. Webb

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Eliza Grimsh

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED L. worker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Webb

(Address) 310 Bethel st

Filed 12/15 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 13 1906

that I last saw h[illegible] alive on Dec 13 1906

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate)

B. Pneumonia

3 weeks (DURATION) 7 DAYS

Contributory (~~Primary~~) Heart failure

- Asthenia (DURATION) 1 DAYS

(Signed) A Wreglesworth M.D.

Address 1307 E Monument

Date Balto Dec 13 1906

Place of Burial Laurel

Date Dec. 15 1906

Undertaker R. T. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 96187 Registered No. B 96187

CERTIFICATE OF DEATH.

(Place of Death.) No. 631 Jasper St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm Baynard

{Residence, if in Baltimore, Give Street and Number.} 631 Jasper st

Duration of Residence in Baltimore. Five years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	Colored

DATE OF BIRTH 1

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Bainard Clerk

(Address) 631 Jasper

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190..

that I last saw h.. alive on ..... 190..,

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Of unknown (DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Corner)

Date Dec. 13th 1906

Place of Burial U. S. National Cemetery

Date Dec. 15 1906

Undertaker Felix B. Pitt

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

96188

Ward 17

Registered No. B 96188

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1322 E. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elvira Johnson

{Residence, if in Baltimore, Give Street and Number.} 1322 E. Eutaw St.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro. Am.

DATE OF BIRTH: 1884 1

AGE: 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Prince George Co.

FULL NAME OF FATHER: — Stewart

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Johnson

(Address) 1322 Eutaw St.

Filed 12/15 1906 HARRY C. ANDREWS Registrar

PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/14 1906.

I HEREBY CERTIFY, That I attended deceased from May 1906 to Dec. 14. 1906

that I last saw h.. alive on Dec. 11th 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Pneumonia

Tuberculosis (DURATION) 6 mos. DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Madison Ave.

Date 12/14 1906

Place of Burial St Peters Bem

Date Dec 16" 1906

Undertaker Felix R Pye Jr

Address 102 E Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — Registered No. B 96189

96189

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1821 E. Biddle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willard S. Pike

{ Residence, if in Baltimore, Give Street and Number. } 1821 E. Biddle

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: April 14 1

AGE: 38 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Wilmington Del

FULL NAME OF FATHER: George Pike

BIRTHPLACE OF FATHER (State or country): Wilmington Del

MAIDEN NAME OF MOTHER: Emma Clayton

BIRTHPLACE OF MOTHER (State or country): Wilmington Del

OCCUPATION OF DECEASED: Construction work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Pike

(Address) 1821 Biddle St

Filed 12/15 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
Sudden

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Fredk Carullo M.D.

Address Corner Dec 10 06 1906

Place of Burial St Mathews Cemetary

Date DEC 15 1906 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 21 — 96190 — Registered No. B 96190

CERTIFICATE OF DEATH.

(Place of Death.) No. 720 St Peter St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Matilda W DeCoursey

{Residence, if in Baltimore, Give Street and Number.} 720 St Peter M.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 20 1827

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: James DeCoursey

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: M A. Conwaithe

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edgar DeCoursey

(Address) 720 St Peter St

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 13 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 13 1906 that I last saw h[illegible] alive on Dec 13 1906, and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Apoplexy

(DURATION) 6 DAYS

Contributory (Primary.) Pneumonia

(DURATION) 2 DAYS

(Signed) Jos. E Wise M.D.

Address 855 Columbia Ave

Date Dec 14th 1906

Place of Burial Lowden Park

Date Dec 16th 1906

Undertaker John F Cowan

Address 1901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96191

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96191

City of Baltimore, (No. 824, Ashland Ave. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary J. Coyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: 56 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Hagerty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Hagerty

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: House work.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles J. Coyle.

(Address) 824 Ashland Ave.

Filed 12/15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 14th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4th 1906 to Dec 13th 1906

that I last saw h e alive on Dec 10th 1906,

and that death occurred, on the date stated above, at 10 A. M. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) 60 DAYS

Contributory Exposure & Stimulants

(DURATION) 10 DAYS

(Signed) Jno Bonnie Boyle M. D.

Dec 14th 1906 (Address) 1001 N. Calvert

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral Cemetery | DATE OF BURIAL: Dec 17 1906

UNDERTAKER: Henry Heath Sons | ADDRESS: 1201 E Eager

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 5

96192 Registered No. B 96192

CERTIFICATE OF DEATH.

66

(Place of Death.) No. 1030 Hillen St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Margaret A. Beierlein

{Residence, if in Baltimore, Give Street and Number.} 1030 Hillen St.

Duration of Residence in Baltimore. 60 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 83 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Martin Schantz

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Engert

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Feger

(Address) 1030 Hillen St.

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1906 to Dec 14 1906

that I last saw her alive on Dec 13 1906

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate) Pneumonia (Lobar)

(DURATION) 6 DAYS

Contributory (Primary.) Senility

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 1216 E. Caroline St

Date Dec. 15 1906

Place of Burial St. Alphonsus Cemetery

Date Dec. 17 1906

Undertaker Henry Hoeck & Son

Address 301 S Eager St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 20 — 96193 — Registered No. B 96193

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 2021 Wilhelm St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward J Gries

{Residence, if in Baltimore, Give Street and Number.} 2021 Wilhelm St.

Duration of Residence in Baltimore. Life time.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 5 1904

AGE: 2 years, 2 months, 9 days.

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto md.

FULL NAME OF FATHER: Edw C Gries

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Gertrude Brund

BIRTHPLACE OF MOTHER (State or country): Balto md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw C Gries

(Address) 2021 Wilhelm st.

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14. 1906

I HEREBY CERTIFY, That I attended deceased from Nov 25. 1906 to Dec 14 1906

that I last saw him alive on Dec 14 1906

and that death occurred, on the date stated above, at 10 a. m. CAUSE OF DEATH (Secondary or Immediate)

Collapse

(DURATION) 1. DAYS

Contributory (Primary.) Chron Pneumonia

Lobar Lungs (DURATION) 21. DAYS

(Signed) [illegible] M.D.

Address 1735 Hollins St.

Date Dec 16. 1906

Place of Burial Cathedral Cem

Date Dec 17th 1906

Undertaker Wm Cook

Address 502 E Monument

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

10

96194

40

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96194

City of Baltimore, (No. 710 Courtney St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ellen Kernan

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Unknown (Month) 1 (Day) (Year)

AGE: 70 years, months, days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thomas Plunkett

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Kernan

(Address) 710 Courtney st

Filed 12/15 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 15th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1906 to Dec 15th 1906

that I last saw her alive on Dec 13th 1906,

and that death occurred, on the date stated above, at 12-30 A. M. The CAUSE OF DEATH was as follows:

Cancer of Liver

(DURATION) DAYS

Contributory

8 months (DURATION) DAYS

(Signed) W H Pearce M. D.

Dec 15 1906 (Address) 216 E Lee st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Cross Cem

DATE OF BURIAL: Dec 17 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E Monument

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. B 96195

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George H Talbott

{Residence, if in Baltimore, Give Street and Number.} 1122 William St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: 1

AGE: 64 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Piano Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1906

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to Dec 14 1906

that I last saw h in alive on Dec 14 1906,

and that death occurred, on the date stated above, at 4-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

Erysipelas

Chronic Diffused

Nephritis (DURATION) DAYS

Contributory (Primary) Ecchymosis

(DURATION) DAYS

(Signed) Winfrey Beatty M.D.

Address Bay View Hospital

Date Dec 14 1906

Place of Burial Baltimore Cem Lot

Date Dec 16 1906

Undertaker New Cook

Address 502 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 — 96196 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 813 N. Dallas St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rosa K. Rain

{Residence, if in Baltimore, Give Street and Number.} 1313 N. Dallas St

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	W.
DATE OF BIRTH	Sept. 10 1885
AGE	21 years, 3 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Peter Rain
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Mary Fishback.
BIRTHPLACE OF MOTHER (State or country)	France
OCCUPATION OF DECEASED	Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Rain

(Address) 1313 N. Dallas St

Filed 12/15/ 1906 — HARRY G. [illegible] — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 13 1906

I HEREBY CERTIFY, That I attended deceased from February 15 1905 to Dec 13th 1906 that I last saw her alive on Dec. 13th 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 2 years

Contributory (Primary)

Exhaustion (DURATION) 7 DAYS

(Signed) P E Kelly M.D.

Address 1201 Common St

Date December 14 1906

Place of Burial Holy Redeemer

Date Dec. 17th 1906

Undertaker G. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96197 Registered No. B 96197

CERTIFICATE OF DEATH.

96197

(Place of Death.) No. 1219 North Eden St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Kramer

{Residence, if in Baltimore, Give Street and Number.} 1219 N. Eden St.

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH Dec. 14 1881

AGE 25 years, 9 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Francis H. Poehler

BIRTHPLACE OF FATHER (State or country) Germany.

MAIDEN NAME OF MOTHER Meta W Schmelz

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Minnie Heineman

(Address) 1219 N. Eden St

Filed 12/15/1906 HARRY O. HYDORN PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 13 1906 that I last saw h er alive on Dec 13 1906, and that death occurred, on the date stated above, at 12-05 A.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion and Dyspnoea

3 (DURATION) DAYS

Contributory (Primary.)

Pul. Tuberculosis (DURATION) DAYS

(Signed) J. H. Robinson M.D.

Address 726 E. Fort Ave.

Date Dec 14 1906

Place of Burial Green Mount Cem

Date Dec 16 th 1906 190

Undertaker A. Fink & Son

Address 915 N. Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 8

Registered No. B 96198

96198

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1339 N Gay St St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Bruff.

{Residence, if in Baltimore, Give Street and Number.} 1339 N Gay.

Duration of Residence in Baltimore. Since 12 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Nov 15 1884

AGE: 22 years, ___ months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: James Scott.

BIRTHPLACE OF FATHER (State or country): Penna.

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edmund Bruff

(Address) 1339 N Gay St

Filed 12/15 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 13 1906 to Dec 13 1906 that I last saw h[illegible] alive on Dec 13 1906, and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Geo J Young M.D.

Address 1235 N Eutaw

Date 190

Place of Burial Loudon Park

Date Dec 16th 1906

Undertaker Henry Lutz

Address 1007 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of [illegible]

Ward 13 — 96199 — Registered No. B 96199

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Fourth Ave. Hampden St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Ernest B. Webb

{Residence, if in Baltimore, Give Street and Number.} 608 Fourth Ave.

Duration of Residence in Baltimore. Since annexation

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 18 - 1864

AGE: 41 years, 10 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Edward Webb

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Emma R. Burgey

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Brass Finisher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward Webb

(Address) 608-4th Ave

Filed 12/15 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 14th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1906 to Dec 14th 1906

that I last saw him alive on Dec 14th 1906

and that death occurred, on the date stated above, at 3 A.M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral meningitis

(DURATION) 2 DAYS

Contributory (Primary.)

Pneumonia (DURATION) 5 DAYS

(Signed) Geo. T. Shower M.D.

Address 421 Roland Ave.

Date Dec. 14th 1906

Place of Burial: St. Mary's Hampden

Date December 16- 1906

Undertaker Horace Burgee

Address 3631 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

1

96200

151

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96200

City of Baltimore, (No. 1917, Eager St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jaroslav Vesely

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: November 28th 1906 (Month) (Day) (Year)

AGE: ..... years, ... months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): 1917 E Eager St

FULL NAME OF FATHER: John Vesely

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Katie Ludwig

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Vesely

(Address) 1917 E Eager St.

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Dec 13 1906 that I last saw him alive on Dec 13 1906, and that death occurred, on the date stated above, at 12 a.m. The CAUSE OF DEATH was as follows:

Marasmus.

(DURATION) 14 DAYS

Contributory Malnutrition

(DURATION) 14 DAYS

(Signed) D. M. Waldam M. D.

Dec 14 1906 (Address) 91 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Bakerhill — DATE OF BURIAL: Dec 16 1906

UNDERTAKER: Frank Grach — ADDRESS: 1904 Fichland

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

64

96201

Registered No. B 96201

City of Baltimore, (No. 1731 N. Central St.; Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Margaret Ann Hogan

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... 1 .....
(Month) (Day) Year)

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER John A. Hogan

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Catherine O'Neil

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Brother

(Address) 1731 N. Central Ave

Filed 12/15 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14. 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 9. 1906 to Dec. 14. 1906

that I last saw h[er] alive on Dec. 13 1906,

and that death occurred, on the date stated above, at 11 A. M. The CAUSE OF DEATH was as follows:

Cerebral Apoplexy (DURATION) 5 DAYS

Contributory Paralysis

(DURATION) DAYS

(Signed) Geo A. Hartman M. D.

Dec. 14 1906 (Address) 1121 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Interred

DATE OF BURIAL Dec. 17 1906

UNDERTAKER H. C. Niedfeld

ADDRESS 914 Gruner Ave.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 24th

96202

Registered No. B 96202

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1434 Richardson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susanna Pless

{Residence, if in Baltimore, Give Street and Number.} 1434 Richardson St

Duration of Residence in Baltimore. Always

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 17 1906

AGE — years, — months, 2 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) here

FULL NAME OF FATHER Georg Pless

BIRTHPLACE OF FATHER (State or country) Hungary

MAIDEN NAME OF MOTHER Susana Kiefer

BIRTHPLACE OF MOTHER (State or country) Hungary

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Georg Pless

(Address) 1434 Richardson St.

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1906 to Dec 14 1906 that I last saw h[illegible] alive on Dec 12 1906, and that death occurred, on the date stated above, at 8:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth (6 mos.) (DURATION) — DAYS

Contributory (Primary.) Asthenia (DURATION) DAYS

(Signed) [illegible] M.D.

Address 1510 E. Fort Ave

Date Dec. 14 1906

Place of Burial Holy Cross C.C.Co

Date Dec 15 1906

Undertaker Jos. Stumbeck

Address 318 Light st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 96203 Registered No. B 96203 57

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Baby Jones

{Residence, if in Baltimore, Give Street and Number.} St. V. I. Asy

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W
DATE OF BIRTH	Nov. 5th 1906
AGE	..... years, 1 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	City
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 12 1906

that I last saw h[illegible] alive on 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

..... (DURATION) 30 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) J. S. Fowler M.D.

Address E. E. Biddle St.

Date Dec 13th 1906

Place of Burial New Cathedral

Date Dec 15th 1906

Undertaker Martin Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, birthplace, occupation, cause and date of death, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96204 — Registered No. B 96204 105

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andy Jesse

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Inft. Asy

Duration of Residence in Baltimore Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W

DATE OF BIRTH: May 13 1905 ~~1905~~

AGE: 1 years, 7 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address) St. V. I. Asy.

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1906 to Dec 13th 1906

that I last saw h~~im~~ alive on " 1906,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Entero-Colitis

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fraile M.D.

Address 9. E. Biddle St.

Date Dec 13th 1906

Place of Burial New Cathedral

Date Dec 15th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96205

Ward 14

96205 Registered No. B 157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Thirstopper

{ Residence, if in Baltimore, Give Street and Number. } St. V. I. Asy.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH Oct 30 1906

AGE ..... years, 1 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 12/15 1906 HARRY C. ANDREAE, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 12th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1906 to Dec 11th 1906 that I last saw h[illegible] alive on Dec 11th 1906, and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate.)

Congenital Debility

(DURATION) 15 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Dr. J. S. Fairley M.D.

Address 1. E. Biddle St.

Date Dec. 13th 1906

Place of Burial New Cathedral

Date Dec. 15th 1906

Undertaker N. Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 96206 Registered No. B 96206

CERTIFICATE OF DEATH.

(Place of Death.) No. 1105 N Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Debring

{Residence, if in Baltimore, Give Street and Number.} 1105 N Stricker St

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: Unknown 1836

AGE: 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Bernard Debring

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret Gotte

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Debring

(Address) 1105 Stricker St

Filed 12/15 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 13 1906

that I last saw her alive on Dec 13 1906

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary) Cancer of Its Stomach (DURATION) 6 Months

(Signed) John V Huck M.D.

Address 647 N Lafayette Ave

Date Dec 13 1906

Place of Burial New Cathedral

Date Dec 17" 1906

Undertaker M Zahn & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 10

96207 Registered No. B 96207

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 Willow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Powers

{Residence, if in Baltimore, Give Street and Number.} 808 Willow

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 36 years, months, days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) —

(Address) —

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from 190 to 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at 7 1/2

M. CAUSE OF DEATH (Secondary or Immediate

Cr Bronc Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J Cummins M.D.

Address Corner Wash

Date Dec 15-06 190

Place of Burial St Peters Cem

Date Dec 16th 190

Undertaker H Lahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9

Registered No. B 96208

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 225 Gorsuch avenue St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Margart Connor

{Residence, if in Baltimore, Give Street and Number.} 225 Gorsuch avenue

Duration of Residence in Baltimore. 27 years in City, 65 in Maryland

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Not Known

AGE: 84 years, ... months, ... days (Eighty Four years)

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Michel Finerty

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ellen Barlow

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Retired Widow

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Celia Moore

(Address) 412 Gorsuch ave

Filed Dec 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 13 1906

I HEREBY CERTIFY, That I attended deceased from December 1 1906 to December 13 1906

that I last saw h er alive on December 9 1906,

and that death occurred, on the date stated above, at 5 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Old Age

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) H. Young Westbrook M.D.

Address 257 Gorsuch avenue

Date December 13 1906

Place of Burial Texas Balto. Co. Md.

Date December 16th 1906

Undertaker Evans & Spence

Address 118 & 130 West Royal Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 96209 V V

Registered No. B 96209

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 W. York St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Mason 6.

{ Residence, if in Baltimore, Give Street and Number. } 126 W. York St

Duration of Residence in Baltimore. 1 Mo

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Don't know

AGE: 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Richmond Va.

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Don't know

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Don't know

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Caroline Mason 6 (mark)

(Address) 126 W York St

Filed Dec 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14, 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 to ——— 190

that I last saw h alive on ——— 190,

and that death occurred, on the date stated above, at 12.45 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hypertrophy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas M Reinhardt M.D.

Coroner

Address

Date December 15 1906

Place of Burial Roundbay A.A.Co.

Date Dec 16 1906

Undertaker Innes. Toadvine

Address 142 Westhill St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

96220

Ward 27

Registered No. B 96250

120

CERTIFICATE OF DEATH.

(Place of Death.) No. 608 Burgundy alley. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name James Bayley

{ Residence, if in Baltimore, Give Street and Number. } 608 Burgundy alley.

Duration of Residence in Baltimore. About 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col

DATE OF BIRTH: 1

AGE: 54 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: dont no

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: dont no

BIRTHPLACE OF MOTHER (State or country): no

OCCUPATION OF DECEASED: laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) mary Bayley

(Address) 608 Burgundy alley

Filed Dec 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Dec 13 1906

that I last saw ~~him~~ alive on Dec 13 1906

and that death occurred, on the date stated above, at 1.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Edward Arnold M.D.

Address 538 Hanover St.

Date Dec 14 1906

Place of Burial Mt. Auburn

Date Dec 15 1906

Undertaker Jno A. Toadvine

Address 142 Wilkins St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

96211

Ward 1

Registered No. B 96211

CERTIFICATE OF DEATH.

(Place of Death.) No. 621 N Bond St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth J. Weeks

{Residence, if in Baltimore, Give Street and Number.} 621 N Bond St

Duration of Residence in Baltimore. 29 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ~~Dec 14~~ May 29 1826

AGE: 80 years, 7 months, 14 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Kent Co Md

FULL NAME OF FATHER: Benjamin Underwood

BIRTHPLACE OF FATHER (State or country): Pa.

MAIDEN NAME OF MOTHER: Anna Entaut

BIRTHPLACE OF MOTHER (State or country): Kent Co Md

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Weeks

(Address) 621 N Bond St

Filed Dec 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 14 1906

that I last saw her alive on Dec 14 1906

and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

1 Pleuro Pneumonia

(DURATION) 12 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) A. Wenderoth M.D.

Address 2031 Eutaw Place

Date Dec 15 1906

Place of Burial London Park

Date Dec 17th 1906

Undertaker Geo. J. Smith Co

Address 1000 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 12

Registered No. B 96312 74

CERTIFICATE OF DEATH.

(Place of Death.) No. 452 Pinkney Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustave Kroedel

{ Residence, if in Baltimore, Give Street and Number. } 452 Pinkney Place

Duration of Residence in Baltimore. 35 years,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 2nd 1847

AGE: 59 years, 10 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Gery

FULL NAME OF FATHER: William Kroedel

BIRTHPLACE OF FATHER (State or country): Gery

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Shoe Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louisa Kroedel (wife)

(Address) 452 Pinkney Place

Filed Dec 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 13 1906 that I last saw h- alive on Dec 13 1906, and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Neuritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Prince M.D.

Address 238 Greenleaf

Date Dec 14th 1906

Place of Burial Western Cem

Date Dec 17th 1906

Undertaker E. Schloman's Son

Address 1024 Hanover St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward 11 — 96213 — Registered No. B 96213

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Abraham Evans

{Residence, if in Baltimore, Give Street and Number.} Metzerott ave 179

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W.

DATE OF BIRTH 1

AGE 70 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) From Record of City Hospital

(Address)

Filed 12/15/ 1906 HARRY O. ROBERTS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 11th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1906 to Dec. 11 1906 that I last saw him alive on Dec. 11 1906, and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Dorsey M.D.

Address City Hospital

Date December 15th 1906

Place of Burial Linndale Md.

Date DEC 16 1906

Undertaker M. Daylor & Son.

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of ...

Ward 15 Registered No. B 96214

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 Friendsbury Pl. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Maria Roderick.

{Residence, if in Baltimore, Give Street and Number.} 1706 Friendsbury Pl.

Duration of Residence in Baltimore. About 38 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 77 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow.

BIRTHPLACE (State or country) Elkton Cecil County Md

FULL NAME OF FATHER Thos. Barclay.

BIRTHPLACE OF FATHER (State or country) Elkton Cecil Co. Md.

MAIDEN NAME OF MOTHER Sarah Campbell.

BIRTHPLACE OF MOTHER (State or country) Cecil Co. Md.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) 1706 Friendsbury Place.

(Address) Residence

Filed Dec 16th 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1906 to Dec 15 1906.

that I last saw her alive on Dec 14 1906 1.40

and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis et Gastritis

(DURATION) 14 DAYS

Contributory (Primary.) Old age

(DURATION) — DAYS

(Signed) Geo. C. Shannon M.D.

Address 1442 Pressman St

Date Balto Md. Dec. 15 1906

Place of Burial St. Peters Cem.

Date Dec 16 1906

Undertaker M. Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154

CERTIFICATE OF DEATH.

Registered No. B 96215

City of Baltimore, (No. 2550 McCulloh Street St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 79 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Germany.

FULL NAME OF FATHER: ?

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Jetta Katzenstein

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Merchant—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Michael Mulvaney

(Address) 2550 N/c Culloh St—

Filed Dec 16 1906

[illegible] Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from December 7 1906 to December 14 1906

that I last saw h in alive on 13th Dec 1906,

and that death occurred, on the date stated above, at 12 Midnight. The CAUSE OF DEATH was as follows:

Senile Dementia one yr

Hypostatic Pneumonia

one wk (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) Joseph Blum, M. D.

12/14 1906 (Address) 1816 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: York, Penna.

DATE OF BURIAL: 12/16 1906

UNDERTAKER: J. Ahrens and Co

ADDRESS: 754 N. Eutaw St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

96216

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 280 W. Preston St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant child of Hyman & Pauline Schneider

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: December (Month) 15 (Day) 1906 (Year)

AGE: ..... years, ... months, 1½ Lo days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Bolt. City

FULL NAME OF FATHER: Hyman Schneider

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Pauline Weisenthal

BIRTHPLACE OF MOTHER (State or country): Roumania.

OCCUPATION OF DECEASED: Nil.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Schneider 2nd

(Address) 1215 Lemmon St

Filed 12/14/1906 S.Q.B. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 15 1906 that I last saw her alive on Dec 15 1906, and that death occurred, on the date stated above, at 1 Jo M. The CAUSE OF DEATH was as follows:

Premature Birth
Non-viable. 6½ months
Utero-gestation
(DURATION) ..... DAYS

Contributory .....
(DURATION) ..... DAYS

(Signed) Alfred Schneider M. D.

Dec 15 1906 (Address) 1215 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philip's Rd Rosedale — DATE OF BURIAL: Dec 16 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Lowst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

5

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

151

96217

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 280 N. Exeter St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant Child of Hyman & Pauline Schreider

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~M~~ F

COLOR: White

DATE OF BIRTH: December 15 1906 (Month) (Day) (Year)

AGE: 1½ hours (years, months, days)

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~—~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Hyman Schreider

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Pauline Weisenthal

BIRTHPLACE OF MOTHER (State or country): Roumania

OCCUPATION OF DECEASED: Nil

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Whitehead M.D.

(Address) 1415 Madison Ave

Filed 12/16/ 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 15 1906

that I last saw ~~him~~ her alive on Dec 15 1906,

and that death occurred, on the date stated above, at 1 30 M. The CAUSE OF DEATH was as follows:

Premature Birth

Non-viable 6½ months

Atelectasis (DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Alfred Whitehead M. D.

Dec 16 1906 (Address) 1415 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? √ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Philip Rd Roosdale — DATE OF BURIAL: Dec 16 1906

UNDERTAKER: Mark Levinson — ADDRESS: 1138 Lawrence

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

96218

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 133, S. Spring St.; 31 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Esther Seidenberg

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W.

DATE OF BIRTH March — 1902
(Month) (Day) (Year)

AGE 3 years, 9 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED child

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Joseph Seidenberg

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Raichel Levin

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Friedman

(Address) 528 N. Central Ave

Filed 12/16/1906 S. L. C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 15 1906 that I last saw h[er] alive on Dec 15 1906, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

diphtheria

(DURATION) 12 DAYS

Contributory cardiac paralysis (DURATION) — DAYS

(Signed) [illegible] M. D.

Dec 15 1906 (Address) 1503 E. Balt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? 1 Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Hebrew Rod Mount Dale Hebrew	Dec 16 1906
UNDERTAKER	ADDRESS
Chas Levinson	1134 Lee St

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death. ***twenty-four hours after death***, to the Coroner, when the case comes under his notice, to furnish within

Ward ..... 96219 Registered No. B 96219

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1175 York Road. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Mary Christopher

{Residence, if in Baltimore, Give Street and Number.} York Road. #1175

Duration of Residence in Baltimore. 18 Years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR white
DATE OF BIRTH May 1st 1872	
AGE 34 years, 7 months, 14 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	Married
BIRTHPLACE (State or country)	Martinsburg W.Va.
FULL NAME OF FATHER	William M Kertney
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Christopher.

(Address) 1175 York Road

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1906 to Dec 16 1906 that I last saw h er alive on Dec. 16 1906, and that death occurred, on the date stated above, at 6.40 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia followed by exhaustion

(DURATION) 9 DAYS

Contributory (Primary) Pneumonia

(DURATION) 9 DAYS

(Signed) H C Rees MD ~~M.D.~~

Address Sta H (Govans) Balto. Md

Date Dec. 16 1906

Place of Burial St Peters Cem.

Date Dec 17 1906

Undertaker Wm Cook

Address 502 E. Fait Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96220

City of Baltimore, (No. 1904 Kennedy Ave. Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Inez E. Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 1 years, 11 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John S Cole

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Budie Eugine Henderson

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John S Cole

(Address) 1904 Kennedy Ave

Filed Dec 16 1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Dec 15 1906

that I last saw her alive on Dec 15 1906 8:30

and that death occurred, on the date stated above, at P. M. The CAUSE OF DEATH was as follows:

Meningitis.
Probably Tubercular
(DURATION) 10 DAYS

Contributory Convulsions and Exhaustion (DURATION) 2 DAYS

(Signed) H. S. Gorsuch M. D.

12/16 1906 (Address) 501 E. 22nd St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: Greenmount Cem | DATE OF BURIAL: Dec 16 1906

UNDERTAKER: J W Coole | ADDRESS: 502 E Northern

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

96221

Ward 1

Registered No. B 96221

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1622 Milliman St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Lampe

{Residence, if in Baltimore, Give Street and Number.} 1622 Milliman St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Nov 29 1906

AGE ..... years, ... months, 16 days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Lampe

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Anna Baer

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lampe

(Address) 1622 Milliman st

Filed Dec 15 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH dec 15 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 15 1906

that I last saw her alive on Dec 15 1906,

and that death occurred, on the date stated above, at 6.30

M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Dec 16 1906

Place of Burial Mount Hill Park Cemetery

Date December 17 1906

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

96222 96222

Ward..... *Registered No. B*.....

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nate Moore

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore......

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH ..... 1 .....

AGE 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Unknown

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Dec 14 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13 1906

I HEREBY CERTIFY, That I attended deceased from 3-18 1906 to [redacted]13 1906

that I last saw h alive on Dec 13 1906

and that death occurred, on the date stated above, at 12 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Hemiplegia, Chronic

Diffuse Nephritis

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Arterio-sclerosis.

..... (DURATION) ..... DAYS

(Signed) Horace Belchaker M.D.

Address Bay View Hospital

Date Dec 14 1906

Place of Burial Sacred Heart.

Date December 16th. 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96223 *Registered No. B* 96223

41

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Kate Murphy

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 54 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 13 1906

I HEREBY CERTIFY, That I attended deceased from June 13 1905 to Dec 13 1906 that I last saw her alive on Dec 13 1906 and that death occurred, on the date stated above, at 9.40 a. m. CAUSE OF DEATH (~~Secondary~~ or Immediate)

Rupture of aneurism of Aorta

(DURATION) ..... DAYS

Con'ributory (~~Primary.~~) Arteriosclerosis

Chronic diffuse nephritis (DURATION) ..... DAYS

(Signed) Horace Mitchell M.D.

Address Bay View Hospital

Date Dec 15th 1906

Place of Burial Sacred Heart

Date December 16th 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16. 96224 Registered No. B 96224

175

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126. W. Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Charles Alexander Litchfield

{Residence, if in Baltimore, Give Street and Number.} 1126. W Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb - 5th 1905

AGE: 1 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Chas. A. Litchfield

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Mary E. Shannahan

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Fields

(Address) 1200 W. Lombard

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 14 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at P. M. CAUSE OF DEATH (Secondary or Immediate)

accidentally drunk Carbolic acid

Toxamia (DURATION) 1 hour DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. Irvine Jones M.D. Coroner

Address

Date Dec - 14th 1906

Place of Burial St. Peters

Date Dec 16th 1906

Undertaker John L. Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96225

City of Baltimore, (No. 1176, Nanticoke St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie P. Calvert

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: ..... years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Harry Calvert

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Calvert

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Lombard

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 14th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12th 1906 to Dec 14th 1906 that I last saw her alive on Dec 14th 1906, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Broncho-Pneumonia

..... (DURATION) ..... DAYS

Contributory Exhaustion

..... (DURATION) ..... DAYS

(Signed) G. B. Freeman M. D.

Dec 18th 1906 (Address) 1200 N. Lombard

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Peters	Dec 17th 1906
UNDERTAKER	ADDRESS
John J. Fields	1200 N. Lombard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, [illegible]

Ward 17 — 96226 — Registered No. B 96226

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 2205 Guilford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Murphy

{ Residence, if in Baltimore, Give Street and Number. } 2205 Guilford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 15 1881

AGE: 25 years, 7 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Martin J. Murphy

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Jane Clark

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas O'Donovan

(Address) 10 E. Read St

Filed Dec 16 1906

Registrar

Rec'd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1902 to Dec 1906 that I last saw h[illegible] alive on April 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis about 4 years (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) Chas O'Donovan M.D.

Address 10 E. Read St

Date Dec 15 1906

Place of Burial St Marys Corner Govans

Date Dec 17th 1906

Undertaker Albert F Phillips

Address 1711 Maryland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96227 Registered No. B 96227

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Glover St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John Barczak

{ Residence, if in Baltimore, Give Street and Number. } 812 Glover st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 12 1905

AGE: 1 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Frank Barczak.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Jozefa Bidozenski.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Frank Barczak.

(Address) 812 S. Glover St.

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 15th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 P.M. 14th 1906 to Dec 15th 1906 that I last saw h alive on Dec 14th 1906, and that death occurred, on the date stated above, at 1 a.m. CAUSE OF DEATH (Secondary or Immediate)

Convulsions (DURATION) 4 hours DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas. Athey M.D.

Address 2 Hudson ad Ave

Date Dec 15th 1906

Place of Burial St Stanislaus.

Date Monday Dec 17th 1906

Undertaker M F Sadowski.

Address 903 S. Ann St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96228

City of Baltimore, (No. 2336 Barclay St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME M. Clarence Bubbleine

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... (Month) ..... (Day) 1875 (Year)

AGE 21 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) unknown

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jane T. Bubbleine

(Address) 2036 Barclay

Filed Dec 16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 10th 1906 to Dec 13th 1906

that I last saw h~~im~~ alive on Dec 13th 1906,

and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Tuberculosis

Eight Mos. (DURATION) ..... DAYS

Contributory G. P. Lassitude

..... (DURATION) ..... DAYS

(Signed) Wm Wig Tuk M. D.

Dec 16 1906 (Address) 133 E 25th

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Bonnie Brae | DATE OF BURIAL Dec 17 1906

UNDERTAKER Jno F Haugh Co | ADDRESS 1422 Pennsa Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 13 — 96229 — Registered No. B 96229

CERTIFICATE OF DEATH.

135

(Place of Death.) No. 712. Hewington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name. Blanche A. Dammann

{Residence, if in Baltimore, Give Street and Number.} 712. Hewington Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 31st 1866

AGE 40 years, 3 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Mr. Emile Benoit

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Valerie Bazouard

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ignatius M. Dammann

(Address) 712 Hewington Ave

Filed Dec 16 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15th 1906

I HEREBY CERTIFY, That I attended deceased fro Dec 7th 1906 to Dec 15th 1906 that I last saw her alive on Dec 14th 1906, and that death occurred, on the date stated above, at 4.15 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Anaemia from Secondary (3rd Day) Post-Partum Hemorrhage (DURATION) 2 DAYS

Contributory (Primary.) Miscarriage (6 mos.) (DURATION) — DAYS

(Signed) L. E. Neale M.D.

Address 108 E. Read St

Date December 15th 1906

Place of Burial New Cathedral Cem

Date Dec 17th 1906 190...

Undertaker Hew Jenkins Undr Co

Address 2330 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 96230 — Registered No. B 96230

CERTIFICATE OF DEATH. 11.

(Place of Death.) No. 410 N Caroline St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George C Bishop

{Residence, if in Baltimore, Give Street and Number.} 410 N Caroline St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 26 1843

AGE: 63 years, 4 months, 18 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Geo H. Bishop

BIRTHPLACE OF FATHER (State or country): N. Y.

MAIDEN NAME OF MOTHER: Mary A. Leary

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Geo C Bishop

(Address) 410 N. Caroline St.

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14 1906

I HEREBY CERTIFY, That I attended deceased from November 1 1906 to Dec 14 1906

that I last saw h alive on Dec 12 1906

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Grip terminating in acute tuberculosis

(DURATION) 44 DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) G. C. Rusk M.D.

Address 2000 E Balto St

Date December 15 1906

Place of Burial Baltimore Cem.

Date DEC 17 1906 190

Undertaker Wm. J. Fry

Address 621 A. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 96231 — Registered No. B 96231 — 119

CERTIFICATE OF DEATH.

(Place of Death.) No. 1613 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Allard E. Dashiell

{Residence, if in Baltimore, Give Street and Number.} 1613 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 31 1880

AGE: 26 years, 7 months, 13 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas E. Dashiell

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Susanna Lademore

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Collector

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas E. Dashiell

(Address) 1613 E. Monument st

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 14 1906 . 190

I HEREBY CERTIFY, That I attended deceased from December 12th 1906, to December 14th 1906

that I last saw him alive on Dec. 14th 1906, and that death occurred, on the date stated above, at 7 15 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Sudden Heart Failure

Acute Nephritis (DURATION) DAYS

Contributory (Primary) 2 weeks (DURATION) DAYS

(Signed) Wilbur H. A. Meyer M.D.

Address 1031 N. Carlton st

Date December 15th 1906.

Place of Burial Baltimore. Cem DEC 17 1906

Date 190

Undertaker Wm. J. Fry

Address 841 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 96232 Registered No. B 96232

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 165 Chestnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hester Ann Jane Boone.

{Residence, if in Baltimore, Give Street and Number.} 165 Chestnut St.

Duration of Residence in Baltimore. Life-time

B. 96232

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH June 4 1871

AGE 35 years, 6 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Baltimore, Md.

FULL NAME OF FATHER Rezin Boone

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Margaret Jenkins

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Goldsborough

(Address) 1730 Whilkins St

Filed Dec 6 1906

Registrar

Rcvd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 14 1906 that I last saw h[illegible] alive on Dec 13 1906, and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate)

Probably Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. W. Carter M.D.

Address 1303 N Charles St

Date Dec 14 1906

Place of Burial Asbury

Date Dec 17th 1906

Undertaker Wm J. Gr Jackson

Address 1421 Whilkins St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the **cause and date of death.**

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96233

City of Baltimore, (No. 1602 Etting St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Anna Lewis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: Sept (Month) (Day) 1905 (Year)

AGE: ..... years, 4 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: William A Lewis

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Amy C. Dennis

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Amy Dennis

(Address) 1602 Etting St.

Filed Dec 6 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 13 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 12/1 1906 to 12/13 1906

that I last saw him alive on 12/11 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Bronchio-Pneumonia

(DURATION) 14 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) A. Lee Ellis M. D.

12/15 1906 (Address) 922 Mosh Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? V

PLACE OF BURIAL OR REMOVAL: East Auburn — DATE OF BURIAL: Dec 6 1906

UNDERTAKER: Wm. J. Johnson — ADDRESS: 614 Baker St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 96234 Registered No. B 96234

27

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frank Furlong.

{ Residence, if in Baltimore, Give Street and Number. } Taken from City Hospital to Bay View on No 23rd

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male	COLOR: white
DATE OF BIRTH: 1	
AGE: 40 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto. Md.
FULL NAME OF FATHER	John Furlong
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Bridget Devereux
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 27 1906 to Dec 14 1906 that I last saw h[im] alive on Dec 14 1906 and that death occurred, on the date stated above, at 7.40 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Con'tributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Howell Nicholson M.D.

Address Bay View Hospital.

Date Dec 14 1906

Place of Burial St Peters

Date Dec 17 1906

Undertaker M Cadogan

Address 196 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, BALTIMORE, MD.

Ward V

Registered No. B 96235

CERTIFICATE OF DEATH.

179

(Place of Death.) No. 512 S. Washington St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ernest L Smith

{ Residence, if in Baltimore, Give Street and Number. } 512 S. Washington St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: July 19th 1906

AGE: ..... years, 4 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: W. J. Smith

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Lillian C. Siegrist

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. J. Smith

(Address) 512 S. Washington St

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to Dec 13 1906

that I last saw her alive on Dec 13 1906,

and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) — DAYS

Contributory (Primary.) Marasmus

(DURATION) — DAYS

(Signed) John Roth M.D.

Address 2007 Eastern Ave

Date Dec. 14th 1906

Place of Burial Mt. Carmel Cem.

Date Dec 16th 1906.

Undertaker HENRY SANDER & SONS.

Address S. E. Cor. Broadway & Balto. Sts and 1708-1710 Canton Avenue

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 96236 Registered No. B 96236

CERTIFICATE OF DEATH.

119

(Place of Death.) No. 928 W. Pratt St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George F. Wrinkam

{Residence, if in Baltimore, Give Street and Number.} 928 W Pratt St

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male

COLOR White

DATE OF BIRTH 1

AGE 34 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John Weinkam

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Catherine Miller

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carey

(Address) 928 W. Pratt St

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1906 to Dec 14th 1906 that I last saw him alive on Dec 13th 1906, and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis.

Cerebral Congestion.

Convulsions at 28th week

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John T. McCarthy M.D.

Address 656 W Franklin St

Date Dec 15th 1906.

Place of Burial Holy Redeemer Cemetery

Date Dec 17 1906

Undertaker Henry L Browning

Address 5 S Poppleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96237 — Registered No. B 96237

21

CERTIFICATE OF DEATH.

(Place of Death.) No. 2004 Mc Elderry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Grill

{Residence, if in Baltimore, Give Street and Number.} 2004 Mc Elderry

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Aug 18th 1882

AGE: 24 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Godfried Grill

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dora Miller

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Godfried Grill

(Address) 2004 Mc Elderry

Filed Dec 16 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1906 to Dec 14 1906

that I last saw h[illegible] alive on Dec 14 1906 at 9.30 P. M. and that death occurred, on the date stated above, at

CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

3 weeks (DURATION) DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) one year ~~DAYS~~

(Signed) A. J. Rytina M.D.

Address 2204 E. Monument St.

Date Dec 16 1906.

Place of Burial Holy Redeemer Cem.

Date 12/17/06 190

Undertaker J. Herring & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

Funeral Monday morning at 8 30 Hrs

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

Ward 12

96238

Registered No. B 96238

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 216 E. 22nd St

St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary A Nelson

{ Residence, if in Baltimore, Give Street and Number. } 216 E. 22nd St

Duration of Residence in Baltimore. Lodger 75 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH July 18 1829

AGE 79 years, 4 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John A Plasman

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Bradford

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lewell H Gladding

(Address) 210 E. 22nd St.

Filed

190

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1906 to Dec 14th 1906

that I last saw h er alive on Dec 14th 1906,

and that death occurred, on the date stated above, at 11 P M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W H Pierce M.D.

Address 2105 Charles st

Date Dec 15th 1906

Place of Burial White Hall Md

Date Dec 17 1906

Undertaker W J Tichnor & Son

Address Camden & Paca st

WM. J. C. DULANY CO., BALTIMORE.

Dr Pierce 2105 Charles st

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

HEALTH DEPARTMENT

96239

Ward 7 4

Registered No. B 96239

11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1054 1/2 Hanbert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas Barry

{ Residence, if in Baltimore, Give Street and Number. } 1054 Hanbert St

Duration of Residence in Baltimore. 25 Yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: white
DATE OF BIRTH	
AGE: 44 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Barry

(Address) unders/-

Filed Dec 16 1906

Registrar

V recd

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1906 to Dec 13th 1906

that I last saw h M alive on Dec 13th 1906,

and that death occurred, on the date stated above, at 5.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Regurgitation

(DURATION) DAYS

Contributory (Primary) Arthritis Pain

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Dec 14th 1906 V

Place of Burial Holy Cross Cemetery

Date Dec. 17 1906

Undertaker Daniel & Margaret G. Flynn

Address 424 West St V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 18 — 96240 — Registered No. B 56

CERTIFICATE OF DEATH.

(Place of Death.) No. 1042 W. Lexington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm. Johnson

{Residence, if in Baltimore, Give Street and Number.} 1042 W. Lexington St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Mulatto

DATE OF BIRTH: 1

AGE: 94 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Wm Johnson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sara Brown

(Address) 1042 Lexington

Filed 12/15/1906 — [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 13, 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1906 to Dec. 13, 1906 that I last saw him alive on Dec. 12, 1906, and that death occurred, on the date stated above, at 8:40 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Alcoholism & exposure

(DURATION) ? DAYS

(Signed) E. A. Dicken, M.D.

Address Dispensary Physician Franklin Sq. Hospital

Date Dec. 13, 1906

Place of Burial Mt Auburn Cemetery

Date Dec 16 1906

Undertaker P. R. & G. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 92.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96241

City of Baltimore, (No. 910 Gibson Milton Ave Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude Estella Wells

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: Sept. (Month) 20 (Day) 1903 (Year)

AGE: 3 years, 2 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Annapolis Md.

FULL NAME OF FATHER: Robert Wells.

BIRTHPLACE OF FATHER (State or country): Washington D.C.

MAIDEN NAME OF MOTHER: Virgie Brown

BIRTHPLACE OF MOTHER (State or country): Essex Co. Va.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Virgie Wells. (mother)

(Address) 910 Gibson Ave.

Filed Dec 17 1906

HENRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 14 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 12 1906 to Dec. 14 1906

that I last saw h alive on Dec. 14 1906,

and that death occurred, on the date stated above, at 3.20 P. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) 6 DAYS

Contributory Rachitis

(DURATION) DAYS

(Signed) M. A. Wales M. D.

Dec 16 1906 (Address) 1711 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Auburn Cemetery — DATE OF BURIAL: Dec 17 1906

UNDERTAKER: Felix B. Pye — ADDRESS: 162 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11

Registered No. B 96242

CERTIFICATE OF DEATH.

(Place of Death.) No. 316 W. Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Colonan D. Carson

{Residence, if in Baltimore, Give Street and Number.} 316 W. Preston St

Duration of Residence in Baltimore. 6 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1.....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Lynchburg Va

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Callan Alexander

(Address) 316 W. Preston St

Filed Dec 17 1906

MARY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 — 1906

I HEREBY CERTIFY, That I attended deceased from Nov 4 — 1906 to Dec 15 — 1906

that I last saw him alive on Dec 15 — 1906,

and that death occurred, on the date stated above, at 3:30 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Asthenia about 41 DAYS (DURATION)

Contributory (Primary) Phthisis Pulmonalis about 17 DAYS (DURATION)

(Signed) W. E. Harris M.D.

Address 1344 Druid Hill Ave

Date Dec 15 — 1906

Place of Burial St Peters Cemetery

Date Dec 17th 1906

Undertaker Felix B Pyle

Address 102 E Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 96243 — Registered No. B

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 1100 N. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wm H. H. Lusby

{Residence, if in Baltimore, Give Street and Number.} 1100 N. Stricker St.

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH May 19th 1841

AGE 65 years, 7 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Kent Co. Md

FULL NAME OF FATHER Thomas Lusby

BIRTHPLACE OF FATHER (State or country) Kent Co. Md.

MAIDEN NAME OF MOTHER Araminta Merritt

BIRTHPLACE OF MOTHER (State or country) Kent Co. Md.

OCCUPATION OF DECEASED Night Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas F Wasmus

(Address) 1000 N. Fayette

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 5th 1906 to Dec 16th 1906 that I last saw h— alive on Dec 15th 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Organic heart

(DURATION) 365 DAYS

(Signed) H. L. Jones M.D.

Address A & C Co Lafayette Ave & Eutaw

Date Dec 16th 1906

Place of Burial Chestertown Kent Co. Md

Date Dec 17th 1906

Undertaker Geo J Smith & Co

Address 1000 N. Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

47

CERTIFICATE OF DEATH.

96244

Registered No. B .....

City of Baltimore, (No. 1127 Mulberry St.; 8 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lt Eldore Hall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: Sept 22 1866 (Month) (Day) (Year)

AGE: 40 years, 2 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Single~~ Widower

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Robert L Hall

BIRTHPLACE OF FATHER (State or country): Baltimore City,

MAIDEN NAME OF MOTHER: Mary Wiley

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert L Hall

(Address) Roosevelt Balto Co.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 14 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 14 1906

that I last saw h[illegible] alive on Dec 14 1906,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Heart failure (DURATION) DAYS

Contributory Rheumatism (DURATION) DAYS

(Signed) J C Beard M. D.

1906 (Address) 1301 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Olivet

DATE OF BURIAL: Dec 17th 1906

UNDERTAKER: H. SANDER & SONS,

ADDRESS: 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96245 Registered No. B 96245

CERTIFICATE OF DEATH.

(Place of Death.) No. 739 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John L. Prieber

{ Residence, if in Baltimore, Give Street and Number. } 739 S Luzerne

Duration of Residence in Baltimore. 34 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 16th 1842

AGE: 64 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna Prieber

(Address) 739 S. Luzerne St.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 14 1906 that I last saw h.m alive on Dec 14 1906, and that death occurred, on the date stated above, at 6-30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Sclerosis of Liver

(DURATION) 14 DAYS

Contributory (Primary.) Ehrlichia, (DURATION) DAYS

(Signed) A L Long M.D.

Address 2429 Fait ave

Date Dec 15 1906

Place of Burial 1st Evangelical Cem

Date December 17th 1906

Undertaker H. SANDERS & SONS, 1708-1710 Canton Avenue,

Address S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96246 Registered No. B 96246

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 501 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gustav Karow

{ Residence, if in Baltimore, Give Street and Number. } 501 S. Chester St

Duration of Residence in Baltimore. 53 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 6th 1824

AGE: 82 years, 10 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Karow

(Address) 501 S. Chester St.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14, 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Dec 14 1906 that I last saw him alive on Dec 14 1906, and that death occurred, on the date stated above, at 9.20 A.M. CAUSE OF DEATH (Secondary or Immediate)

Old age & weakness & infirmities incident thereto

Indigestion, with diarrhoea & gradual decay failing for past (DURATION) 3 months

Contributory (Primary) ..... (DURATION) ..... DAYS

(Signed) R. T. Hardy M.D.

Address 1902 Bank St

Date December 15th 1906

Place of Burial 1st Evangelical Lorn

Date December 17th 1906

Undertaker H. SANDER & SONS,

Address 1703-1710 Canton Avenue. S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — 96247 — Registered No. B 96247

CERTIFICATE OF DEATH.

(Place of Death.) No. 610 S. Luzerne St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Catherine Winkleman

{Residence, if in Baltimore, Give Street and Number.} 610 S. Luzerne

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 17 1886

AGE 20 years, 9 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Henry Nagel

BIRTHPLACE OF FATHER (State or country) Balto. Md

MAIDEN NAME OF MOTHER Louisa Forte

BIRTHPLACE OF MOTHER (State or country) U. S.

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Winkleman

(Address) 610 S. Luzerne St.

Filed 12/17/06 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 10 1906 to Dec. 15 1906

that I last saw her alive on 11 15 1906

and that death occurred, on the date stated above, at 1 30

I. CAUSE OF DEATH (Secondary or Immediate)

Pul. Tuberculosis

3 mos —

(DURATION) DAYS

Contributory (Primary) Cardiac Failure

(DURATION) DAYS

(Signed) C. Green M.D.

Address 619 S. Patterson Park Ave

Date Dec. 15th 1906

Place of Burial St Pauls Cemetery

Date December 18th 1906

Undertaker H. ANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY

Ward 17 — 96248 — Registered No. B 96248

CERTIFICATE OF DEATH.

(Place of Death.) No. 825 Pierce St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Jones

{ Residence, if in Baltimore, Give Street and Number. } 825 Pierce Street

Duration of Residence in Baltimore. 4 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: colored

DATE OF BIRTH: 1

AGE: 66 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Thomas

(Address) 826 Pierce St

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 11th 1906 to Dec 15th 1906 that I last saw him alive on Dec. 15th 1906 and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

(DURATION) DAYS

Contributory (Primary) Emphysema of Lungs 7

(DURATION) DAYS

(Signed) J. Marcus Garcia M.D.

Address 430 W. Biddle Street

Date Dec 16th 1906

Place of Burial Mount Auburn cemetery

Date Dec 17th 1906

Undertaker Felix B. Pye

Address 102 C Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7

Registered No. B 96249

96249

CERTIFICATE OF DEATH.

(Place of Death.) No. 1339 Sargent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Willert Grabandt

{Residence, if in Baltimore, Give Street and Number.} 1339 Sargent

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: November 3 1904

AGE: 2 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: C

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael Grabandt

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mattie Seisser

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Carrie Mae Kenney

(Address) 741 Ramsey St

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 16 1906

that I last saw him alive on Dec 15 1906,

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Membranous Croup

(DURATION) 6 DAYS

Contributory (Primary) Toxemia

(DURATION) 1 DAY

(Signed) J. E. Upman M.D.

Address 855 Columbia Ave

Date Dec 16 1906

Place of Burial Loudon Park Cem

Date December 17 1906

Undertaker Jos. Sneeden's Son

Address 217 S. Penn

10 A. M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 96250 — Registered No. B 96250 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 324 S Eutaw St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jno. A. Risse Jr.

{Residence, if in Baltimore, Give Street and Number.} 324 S Eutaw st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH December 6 1852

AGE 54 years, 0 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER John A. Risse

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Margt Bergmann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Letter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Risse

(Address) 324 S Eutaw

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 15 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.
Coroner.

Address

Date Dec 15 1906

Place of Burial Loudon Park Cem

Date December 18 1906

Undertaker Jos. Joerdans, Jun

Address 217 S. Pine st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 96251 — Registered No. B

119

CERTIFICATE OF DEATH.

(Place of Death.) No. 209 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Amanda Mitchel

{Residence, if in Baltimore, Give Street and Number.} 209 N. Caroline St

Duration of Residence in Baltimore life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md —

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Mitchell

(Address) 209 N Caroline St

Filed 12/17 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 — 1906 to Dec 14 — 1906

that I last saw h-r alive on Dec 14 — 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Uraemic Coma

(DURATION) 3 DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 10 DAYS

(Signed) W. E. Harris M.D.

Address 1344 Druid Hill Ave

Date Dec 14 — 1906

Place of Burial Asbury

Date Dec 17 — 1906

Undertaker R. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, sex, **age**, color, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 6 96252 Registered No. B 96252

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 N Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Carter

{Residence, if in Baltimore, Give Street and Number.} 226 N Durham st

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: July 20 1875

AGE: 31 years, 9 months, 24 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): St Marys Co Md

FULL NAME OF FATHER: James Carter

BIRTHPLACE OF FATHER (State or country): St Marys Co Md

MAIDEN NAME OF MOTHER: not Known

BIRTHPLACE OF MOTHER (State or country): not Known

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mandy Jackson

(Address) 422 N Durham

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14 1906

I HEREBY CERTIFY, That I attended deceased from Sept 15 1906 to Dec 14 1906 that I last saw him alive on Dec 10 1906, and that death occurred, on the date stated above, at 11.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis
Pulmonalis

about 3 months (DURATION) DAYS

Contributory (Primary.) Cr Carcinoma

(DURATION) 7 DAYS

(Signed) Adolph C. Eisenbay M.D.

Address 2213 Orleans St

Date Dec 15 1906

Place of Burial Asbury

Date Dec 17 1906

Undertaker R. A. Elliott

Address 526 Rogers Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 — Registered No. B 96253

96253

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Noah Kelly

{ Residence, if in Baltimore, Give Street and Number. } Crisfield Md

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: — — 1850

AGE: 56 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Fish Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Patience E Kelly

(Address) Crisfield Md

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 16 1906

that I last saw h[illegible] alive on Dec 16 1906,

and that death occurred, on the date stated above, at P.M.

CAUSE OF DEATH (Secondary or Immediate)

Endocarditis.

Myocarditis

(DURATION) DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address John Hopkins Hospital

Date Dec 17 1906

Place of Burial Crisfield Md

Date Dec 17 1906.

Undertaker Armstrong Demy Co

Address 715 Light St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 96254 Registered No. B 96254

1,3

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph Schearbaum

{ Residence, if in Baltimore, Give Street and Number. } 1910 E. Fayette St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH .....1.....

AGE 48 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Joseph Schearbaum

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Martha

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Insurance Agent

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H Allen Tuller

(Address) 2013 E Baltimore

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 15 1906

that I last saw him alive on Dec 15 1906

and that death occurred, on the date stated above, at 5:40 P.M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis

Post Operative Shock

(DURATION) DAYS

Perforated Gastric Ulcer

Contributory (Primary.)

(DURATION) DAYS

(Signed) Rufus I Cole M.D.

Address Johns Hopkins Hospital

Date 12/16 1906

Place of Burial Oak Lawn Cem

Date Dec 17th 1906

Undertaker H Allen Tuller

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 96255

City of Baltimore, (No. 2105, Druid Hill Ave; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Oppenheimer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 7 (Day) 1838 (Year)

AGE: 6 years, 5 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Isaac Leopold

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry D Oppenheimer

(Address) 2105 Druid Hill Ave

Filed 12/17/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Dec 15 1906

that I last saw her alive on Dec 14 1906,

and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Exhaustion

Cerebral Hemorrhage (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) Wm Fox M. D.

Dec 16 1906 (Address) 836 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Pikesville Jewish Cem — DATE OF BURIAL: Dec 17 1906

UNDERTAKER: J Ahrens & Co — ADDRESS: 754 N Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 96256 — Registered No. B 156

CERTIFICATE OF DEATH.

(Place of Death.) No. 310 W Camden St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Hugh F Slater

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 24 hrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M	COLOR: W
DATE OF BIRTH: 1	
AGE: 20 years, 3 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	John L Slater
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Do not know
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. E Smith

(Address) Savage Md.

Filed 12/17 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from as coroner 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Gas asphyxiation

Suicide

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick J Martin M.D.

Address 1002 W Lafayette Ave

Date Dec 17 1906

Place of Burial Savage Md

Date Dec 18 1906

Undertaker J Innes & Co

Address 954 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 96257 Registered No. B 96257

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 1820 N. Durham St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm F. Witzgall

{Residence, if in Baltimore, Give Street and Number.} 1820 N. Durham St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: White

DATE OF BIRTH: January 20 1880

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Geo A. Witzgall

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Kate ~~Witzgall~~ ~~Schaub~~

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Witzgall

(Address) 1820 N. Durham

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 16th 1906 to Dec 14th 1906

that I last saw him alive on Dec 13th 1906,

and that death occurred, on the date stated above, at 12.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary congestion & Heart failure

(DURATION) 10 DAYS

Contributory (Primary) Cardiac hypertrophy

(DURATION) Long time

(Signed) Wm H. White M.D.

Address 1101 N. Broadway

Date Dec 14th 1906

Place of Burial Loudon Park

Date Dec 17 1906

Undertaker Robt J. Turner

Address Broadway & Oliver

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 96258 — Registered No. B 96258

CERTIFICATE OF DEATH. 111.

(Place of Death.) No. 1011 Law St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Anna Pistone (Mrs. Pistone)

{Residence, if in Baltimore, Give Street and Number.} 1011 Law 1011 Law St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W
DATE OF BIRTH	Sept 16 1906
AGE	3 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Lemuel Pistone
BIRTHPLACE OF FATHER (State or country)	Italy
MAIDEN NAME OF MOTHER	Agatha Blasone
BIRTHPLACE OF MOTHER (State or country)	Italy
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Octavio Mattee

(Address) 207 S. Wolfe Sts.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 17 1906

that I last saw h— alive on Dec 6 1906,

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

(DURATION) 1 mo DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J. Valentine M.D.

Address 1 S Bond

Date Dec 17 1906

Place of Burial St. Vincents Cemetery

Date Dec. 17 th 1906

Undertaker Germanus Franc

Address Bond & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 — 96259 — Registered No. B 96259

CERTIFICATE OF DEATH.

(Place of Death.) No. 35 E Montgomery St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John G. Vanpel

{Residence, if in Baltimore, Give Street and Number.} 35 E. Montgomery

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 27 1843

AGE: 62 years, 11 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John G. Vanpel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Wilhelmina Ruckert

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Retired saloon-keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Vanpel (Son)

(Address) 35 E Montgomery

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 14 - 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 14 1906

that I last saw h in alive on Dec 14 1906

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Embolism of Middle Cerebral Artery —

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Geo A Strauss M.D.

Address 420 Hanover

Date Dec 17 1906

Place of Burial Balto Cemetery

Date Dec 17 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96260

City of Baltimore, (No. 1708 N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Alberta Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: November 4 1883? (Month) (Day) (Year)

AGE: about 23 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Home Girl

Thank they are from wrong

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs C Rhein

(Address) 1200 E. Lafayette Ave

Filed 12/17 1906

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 15 1906

that I last saw her alive on Dec 15 1906,

and that death occurred, on the date stated above, at ____ P.M. The CAUSE OF DEATH was as follows:

Exhaustion due to
Phthisis Pulmonalis

(DURATION) ____ DAYS

Contributory Phthisis Pulmonalis

about 1 year (DURATION) ____ DAYS

(Signed) R.P. Carman M. D.

Dec 16 1906 (Address) 1701 N Carlton

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: St Peters Cemetery

DATE OF BURIAL: Dec 18 1906

UNDERTAKER: Geo M. Riddlemoser

ADDRESS: 707 Hollins

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96261

City of Baltimore, (No. 226 Frederick Road St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chas. M. Dayhoff

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 23 d (Month) (Day) 1868 (Year)

AGE: 38 years, 4 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Frederick. Md.

FULL NAME OF FATHER: John J. Dayhoff.

BIRTHPLACE OF FATHER (State or country): Frederick

MAIDEN NAME OF MOTHER: Annie L Hutz.

BIRTHPLACE OF MOTHER (State or country): Frederick

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Dawn Delcher

(Address) 835 W Lombard St.

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1905 to Dec 15 1906 that I last saw h.. alive on Dec 15 1906, and that death occurred, on the date stated above, at 7.40 P. M. The CAUSE OF DEATH was as follows:

Cardiac Asthenia

(DURATION) DAYS

Contributory Pulmonary Tuberculosis

(DURATION) 16 Months

(Signed) Macneille M. D.

Dec 16 1906 (Address) 1315 Hollins St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	12/18/ 1906
UNDERTAKER	ADDRESS
J B Hapstead	

H / Frederick Md

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96262

City of Baltimore, (No. 317 S Bentalou St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dorothea Beitz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January 24 (Month) (Day) 1906 (Year)

AGE: 3 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Chas Beitz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Barbara

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Beitz

(Address) 317 Bentalou St

Filed 12/7 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 15 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 15 1906

that I last saw h[illegible] alive on Dec 15 1906,

and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Spinal Meningitis

(DURATION) 5 DAYS

Contributory T[illegible] Tumor

(DURATION) DAYS

(Signed) Walter A Coe M. D.

1906 (Address) 2017 Wilkens ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: 12/16 1906

UNDERTAKER: J. B. Tipbott — ADDRESS: —

& / Frederick av & Bentalou St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 96263 Registered No. B [illegible] 78

CERTIFICATE OF DEATH.

(Place of Death.) No. 1614 Thames St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Anna Laskowska

{Residence, if in Baltimore, Give Street and Number.} 1614 Thames St.

Duration of Residence in Baltimore. 19 years -

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 1

AGE 0 2 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Ill.

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Laskowska

(Address) 1614 Thames St.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 2 1906 to Dec. 16 1906 that I last saw h er alive on Dec. 16 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart-failure

(DURATION) 1 DAYS

Contributory (Primary) Chronic endocarditis (DURATION) 1 year

& chronic nephritis

(Signed) J. C. Josephson M.D.

Address 230 S. Bond St.

Date Dec. 17 1906.

Place of Burial Holy Rood

Date Dec. 18 1906

Undertaker Wendell Lippelt & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 96264 — Registered No. B 96304

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 N. Washington St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name M. Helena Schneider

{ Residence, if in Baltimore, Give Street and Number. } 2000 N. Washington st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	November 1st 1
AGE	25 years, 1 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	Louis Schneider
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Margaret Eck
BIRTHPLACE OF MOTHER (State or country)	Balto Md
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Schneider

(Address) 2000 N. Washington st

Filed 12/17 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1906 to Dec. 13 1906 that I last saw her alive on Dec. 13 1906, and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis of Lungs.

(DURATION) 4 Y DAYS

Contributory (Primary.) Acute Nephritis.

(DURATION) 21 DAYS

(Signed) R. C. Harley M.D.

Address Laurel. Md.

Date Dec. 16 1906

Place of Burial St Matthews Cemetary

Date DEC 18 1906 1906

Undertaker Christian Miller.

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) ***and date of death.***

Ward 14 — 96265 — Registered No. B 96265

136

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Julia Thompson

{Residence, if in Baltimore, Give Street and Number.} 703 Fessier

Duration of Residence in Baltimore. 1895

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: May 12, 1

AGE: 18 years, 7 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Levin Thompson

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Martha Phillips

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine L Lowry

(Address) 703 Fessier St

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 15 1906

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 15 1906 that I last saw h-- alive on Dec 15 1906 and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

#13

Pulmonal Convulsions

Eclampsia

" " (DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) W. G. Jack M.D.

Address 1 Gun Hosp

Date Dec 16 1906

Place of Burial Laurel Cemetery

Date Dec 18 1906

Undertaker John A. Burke

Address 167 Dolphin Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT

96266

Ward ..... Registered No. B 96266

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 422 N Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nathaniel Driggs

{Residence, if in Baltimore, Give Street and Number.} 422 N. Hoffman St

Duration of Residence in Baltimore..... Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH Sept 13 1860

AGE 46 years, 2 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Hotel Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bialk

(Address) 1107 Wilkens Ave

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Saturday Dec 15th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 18th 1906 to Dec 15th 1906 that I last saw him alive on Dec 14th 1906, and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Induration of Cerebral Vessels (DURATION) about 2 years DAYS

(Signed) Elsenach M.D.

Address 607 N. Charles St

Date Dec 16th 1906

Place of Burial Laurel Cemetery

Date Dec 16 1906

Undertaker John A. Bialk

Address 1107 Wilkens Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1st 96267 Registered No. B 11v

CERTIFICATE OF DEATH.

(Place of Death.) No. 2217 Canton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Hammer

{Residence, if in Baltimore, Give Street and Number.} 2217 Canton Ave

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: May 18th 1869

AGE: 37 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John Hammer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Kunegunda Hammer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Hammer

(Address) 2217 Canton Ave

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 15th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1906 to Dec 15th 1906 that I last saw him alive on Dec 15th 1906, and that death occurred, on the date stated above, at 10 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion from Cirrhosis Liver (DURATION) 4 DAYS

Contributory (Primary) (DURATION) DAYS

(Signed) C. N. Athey, M.D.

Address 2 Hudson St

Date 2 Hudson 1906

Place of Burial St Mathai

Date Dec 18th 1906

Undertaker H Nicolaus & Son

Address 1820 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 96268 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 319 Ringold St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Minnie Neuendorff.

{Residence, if in Baltimore, Give Street and Number.} 319 Ringold St.

Duration of Residence in Baltimore. 9 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White.

DATE OF BIRTH: Oct. 29, 1897.

AGE: 9 years, 1 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore, Md

FULL NAME OF FATHER: Richard Neuendorff.

BIRTHPLACE OF FATHER (State or country): Rostock, Prussia.

MAIDEN NAME OF MOTHER: Anna Schwenecke

BIRTHPLACE OF MOTHER (State or country): ~~Anna~~ Schimpf Saxonia Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Richard Neuendorff

(Address) 319 Ringold St.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16, 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1906 to Dec. 16 1906.

that I last saw her alive on Dec. 16 1906,

and that death occurred, on the date stated above, at 2.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Heart-Failure & Debility.

(DURATION) 180 DAYS

Contributory (Primary.) Scarlet fever &

Anasarca (DURATION) 28 DAYS

(Signed) John R. Ulrich, M.D.

Address 1531 McCulloh St.

Date December 17, 1906

Place of Burial Western Cem.

Date Dec. 18 1906

Undertaker Ph. J. Dill & Son

Address 746 Columbia Ave

Grave Extension of Lines CHH 12-17-06

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 96269 Registered No. B 96269

CERTIFICATE OF DEATH.

(Place of Death.) No. 14. S. Carlton St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Josephine Schmidt

{ Residence, if in Baltimore, Give Street and Number. } 14. S. Carlton St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 16 1906

AGE ..... years, ... months, 8 hours

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Louis Frederick Schmidt

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Josephine Schmidt

BIRTHPLACE OF MOTHER (State or country) Switzerland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1210 N. Eastland

Filed 12/17 1906 HARRY C. ANDRAE, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 16 1906

that I last saw her alive on Dec 16 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Incomplete Cesarean

Hemorrhage Oral

attendant Nurse Craig

(DURATION) 1 DAYS

Contributory (Primary.) Stillborn

(DURATION) DAYS

(Signed) Edward Jones M.D.

Address Coroner

Date Dec 17th 1906

Place of Burial Mount

Date Dec 17th 1906

Undertaker John Fields

Address 1210 N. Eastland ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 96270 — Registered No. B 96270 117

CERTIFICATE OF DEATH.

(Place of Death.) No. 3511 Cedar Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John T. Bolden

{Residence, if in Baltimore, Give Street and Number.} 3511 Cedar Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 10th 1829

AGE: 77 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Howard Co

FULL NAME OF FATHER: " "

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Moulder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Charles W. Bolden

Address: 3511 Cedar Ave

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 15th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 15 1906

that I last saw him alive on Dec 15 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Nephritis

(DURATION) 6 DAYS

Contributory (Primary) Senility, Indefinite (DURATION) DAYS

(Signed) G. R. Mauck M.D.

Address 765 - 3rd Ave

Date Dec 16 " 1906

Place of Burial St Mary's Hampden

Date Dec 18 1906

Undertaker H. E. Lowenwirth & Son

Address 919 Third Ave

W.M. J. C. DULANY CO., Baltimore

By SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96271

City of Baltimore, (No. 115 So. Register St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora Ritter

PERSONAL AND STATISTICAL PARTICULARS

SEX: Girl

COLOR: White.

DATE OF BIRTH: Dec (Month) 17 (Day) 1906 (Year)

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Henry W Ritter

BIRTHPLACE OF FATHER (State or country): Pa -

MAIDEN NAME OF MOTHER: Barbara Lenk

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry W Ritter

(Address) 115 S Register st

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 2 a.m. 1906 to Dec 17 8 a.m. 1906 that I last saw her alive on Dec 17 1906, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Acute Gastritis

(DURATION) 1 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) C J Carroll M.D.

Dec 17 1906 (Address) 1740 E. Baltimore St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 18 1906

UNDERTAKER: Jos. J. Kerr — ADDRESS: 1914 E Fayette

✓

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96272

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CERTIFICATE OF DEATH.

Registered No. B 96272

City of Baltimore, (No. 561 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME C. Dorothea Schwinger

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: W

DATE OF BIRTH: Apr (Month) 28 (Day) 1828 (Year)

AGE: 78 years, 7 months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: I don't Know

BIRTHPLACE OF FATHER (State or country): 4

MAIDEN NAME OF MOTHER: 4

BIRTHPLACE OF MOTHER (State or country): 4

OCCUPATION OF DECEASED: Store Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm L. Schwinger

(Address) 516 W. Biddle St

Filed 12/17 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 16th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Dec 16 1906 that I last saw h[er] alive on Dec 15 1906, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Acute Pulmonary Oedema

DURATION) 2 DAYS

Contributory

DURATION) ____ DAYS

(Signed) C. Wanless M. D.

Dec 17 1906 (Address) 900 Mt Royal Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cem

DATE OF BURIAL: Dec 19th 1906

UNDERTAKER: Hellen Jenkins Sons Co

ADDRESS: 2336 W Saratoga St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case come[s] under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certi[ficate] setting forth, as far as the same can be ascer[tained], the full name, sex, age, condition (whether married or single) of the pers[on] deceased, and the cause and date of death.

Ward ..... Registered No. B 96273

96273

CERTIFICATE OF DEATH.

166

(Place of Death.) No. 27 "St & Maryland ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elijah Winfield

{Residence, if in Baltimore, Give Street and Number.} 2x12 Hudson Place

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1871

AGE 35 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER John Winfield

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Annie Winfield

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Bryan

(Address) 2156 McElderry St

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

M. CAUSE OF DEATH (Secondary or Immediate.)

Shock & suffocation (accidental) drowning in creek

(DURATION) ..... DAYS

Contributory (Primary.) Fracture of Skull

(DURATION) 8 DAYS

(Signed) Hamilton Williamson M.D.

Address 1818 N. Charles St

Date Dec 17 1906

Place of Burial Albany Cem

Date Dec 17 1906

Undertaker E Bryan

Address 2156 McElderry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96274 Registered No. B 96274

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Otto Jessen

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 78 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Ny

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ..... Lamar Hollyday S...

(Address) BAY VIEW ASYLUM.

Filed 12/17 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Dec 17 1906

that I last saw h alive on Dec. 17 1906

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Bronchio-pneumonia

Chr. Diffuse Nephritis

Mitral Endocarditis (DURATION) ..... DAYS

Con'ributory (Primary.) Thrombosis

Pulmonary Artery (DURATION) ..... DAYS

(Signed) Harrell Hollyday M.D.

Address Bay View Hospital

Date Dec. 17 1906

Place of Burial National Cem

Date Dec 19 1906

Undertaker J W E Hough Co

Address 1422 Penna ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **cause and date of death**. And the **full name, sex, age, condition** (whether married or single) of the person deceased, and the

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96275

Registered No. B .....

City of Baltimore, (No. 817 Madison Ave St., ... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane M. Harman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: April (Month) 1 (Day) 1846 (Year)

AGE: 61 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Cambridge Mass

FULL NAME OF FATHER: Thomas Leder Harman

BIRTHPLACE OF FATHER (State or country): New Orleans.

MAIDEN NAME OF MOTHER: Ann Stuart Meriton

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Harman

(Address) 817 Madison ave

Filed Dec 18 1906

J. C. ANDREWS, PERMIT CLERK.

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 17th. (Day) 1906. (Year)

I HEREBY CERTIFY, That I attended deceased from at least 20 years to Dec. 17th. 1906.

that I last saw her alive on Dec. 15th. 1906.,

and that death occurred, on the date stated above, at 12.30 a. m. The CAUSE OF DEATH was as follows:

Apoplexy resulting from Epileptic seizure. Had suffered from latter for years. (DURATION) ..... DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Eleanor C. Price M. D.

Dec. 17 1906 (Address) 1011 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 18 1906

UNDERTAKER: E M Mitchell

ADDRESS: 120 W. Fayette st

96276

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96276

City of Baltimore, (No. 1413 Mc Culloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Medairy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 25 (Day) 1822 (Year)

AGE: 84 years, 11 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Jacob Kreil

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Medairy

(Address) 1413 Mc Culloh st

Filed Dec 18 1906

HARRY C. ANDREWS, PERMIT CLERK

Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Dec. 1906 that I last saw h[er] alive on Dec 16 1906, and that death occurred, on the date stated above, at 2.30 A. M. The CAUSE OF DEATH was as follows:

Senile debility-
due to old age.

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Louis A. Palmer M. D.

Dec 16 1906 (Address) 1021 Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ; How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount | DATE OF BURIAL: Dec 18 1906

UNDERTAKER: E M Mitchell | ADDRESS: 1201 N. Fayette

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96277

City of Baltimore, (No. 237 N. Gilmor St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christiana Reynolds

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: January (Month) 8 (Day) 1830 (Year)

AGE: 76 years, 11 months, 7 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Pa

FULL NAME OF FATHER: Henry Shirdy

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Martha Tracey

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mabbie E. Hunter

(Address) 237 N Gilmore St

Filed Dec 18 1906

HARRY C. ANDREWS
PERMIT CLERK

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 15th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12th — 1906 to Dec 15th 1906 that I last saw her alive on Dec 15th 1906, and that death occurred, on the date stated above, at 8-45 P. M. The CAUSE OF DEATH was as follows:

Old age

(DURATION) — DAYS

Contributory Rheumatism (Chronic)

(DURATION) Don't know DAYS

(Signed) A. C. Fox M. D.

Dec 17th 1906 (Address) 313-N Carey st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——

How long at Place of Death? —— Days

Where was disease contracted, if not at place of death? ——

PLACE OF BURIAL OR REMOVAL: Western Cemetary

DATE OF BURIAL: Dec 18 1906

UNDERTAKER: E M Mitchell

ADDRESS: 1201 W. Fayette st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 25 — 96278 — Registered No. B 96278

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CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Addison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Keener

{Residence, if in Baltimore, Give Street and Number.} 812 Addison St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH March 10th 1903

AGE 3 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Albert E Keener

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Mary Burns

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Keener

(Address) 812 Addison St

Filed 12/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17, 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 17 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Burrill Hayden M.D.

Address 1216 N. Carlton St

Date Dec. 17 1906

Place of Burial Greenmount Cemetery

Date December 18 1906

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 96279 — Registered No. B 96279

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CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Phillips

{Residence, if in Baltimore, Give Street and Number.} 1128 Riverside Ave.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1846.

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Jno Phillips

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Snyder

(Address) 19 E. Lee St.

Filed 12/18 1906 HARRY C. ANDREAS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1906 to Dec. 15 1906

that I last saw him alive on Dec. 15 1906

and that death occurred, on the date stated above, at 11 30 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Howard Kirkbride M.D.

Address Bay View Hospital

Date Dec. 16 1906

Place of Burial Cedar Hill Cem

Date Dec 18 1906.

Undertaker M. Doyle & Son

Address 17 E. Lee St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96280

Baltimore, (No. 1124, Homewood Ave., St.; Ward)
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]
[If "occurs away from RESIDENCE call for under information."]

FULL NAME Mary N. Norman.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	Feby 9th, 1836 (Month) (Day) (Year)
AGE	70 years, 10 months, 7 days
SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~	Widow.
BIRTHPLACE (State or country)	North Carolina.
FULL NAME OF FATHER	Benjamine Hunter.
BIRTHPLACE OF FATHER (State or country)	North Carolina.
MAIDEN NAME OF MOTHER	Lee N. Nicholson.
BIRTHPLACE OF MOTHER (State or country)	North Carolina.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Hugh Forsythe

(Address) 432 E. North Av.

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 24th 1905, to Dec. 16th 1906.

that I last saw h[er] alive on Dec. 16th, 1906,

and that death occurred, on the date stated above, at 8.35 P. M. The CAUSE OF DEATH was as follows:

Complication of diseases
Heart, Kindneys & liver.
many years. (DURATION) — DAYS

Contributory Peritonitis - due to tapping [illegible]
traumatic (DURATION) DAYS

(Signed) Hugh Forsythe M. D.

Dec. 17th 1906 (Address) 432 E. North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, If not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lauder Park	Dec. 19 1906
UNDERTAKER	ADDRESS
W. W. Cook	502 E. North Av

WM. J. C. DULANY CO., BALTIMORE.

rd of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

nacted and ordained, That whenever any person shall die in the said city it shall be the duty of g his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within o the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same , sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96281

City of Baltimore, (No. 143, E North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma V Grove

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	July 9 1823 (Month) (Day) (Year)
AGE	83 years, 4 months, 27 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Philadelphia
FULL NAME OF FATHER	John Pfeil
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Pfeil
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) B. R. Hamill

(Address) 143 E North ave

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24 1906 to Dec 16 1906 that I last saw h Ex alive on Dec 16 1906, and that death occurred, on the date stated above, at 8-40 P. M. The CAUSE OF DEATH was as follows:

Senile Pneumonia

(DURATION) 21 DAYS

Contributory

(DURATION) DAYS

(Signed) M E Douglass M. D.

12/17 1906 (Address) 129 E North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Lauralton Park	Dec 19 1906
UNDERTAKER	ADDRESS
Wm Cook	502 E Fait Ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96281

City of Baltimore, (No. 147 E. North av. St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Emma Virginia Grove

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: white

DATE OF BIRTH: July (Month) 19 (Day) 1823 (Year)

AGE: 83 years, 5 months, 0 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow.

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: John Pfeil.

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Anna Pfeil

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj F Grove

(Address) 1302 n Caroline St

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 16th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1906 to Dec 16 1906

that I last saw her alive on Dec. 16 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

and Age —

(DURATION) DAYS

Contributory Senile Pneumonia (Hypostatic)

(DURATION) 14 DAYS

(Signed) Benj F Grove M.D.

Dec. 16 1906 (Address) 1302 n Caroline St

Doctor Grove, 1302 N. Caroline St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 19 1906

UNDERTAKER: Wm Cook

ADDRESS: 602 E. Hoffman

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96282 Registered No. B 96282

CERTIFICATE OF DEATH.

(Place of Death.) No. 572 W. Preston St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Priscilla Thomas

{Residence, if in Baltimore, Give Street and Number.} 572 W. Preston St

Duration of Residence in Baltimore. 13 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Col

DATE OF BIRTH ..... 1 .....

AGE 35 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER George Thomas

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Maria Collins

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Gibbs

(Address) 572 W. Preston St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Dec 16 1906

that I last saw her alive on Dec 16 1906

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

About 34 (DURATION) DAYS

Contributory (Primary.) Phthisis Pulmonalis About 14 m (DURATION) DAYS

(Signed) W. C. Harris M.D.

Address 1344 Druid Hill Ave

Date Dec 17 1906

Place of Burial Mt. Auburn Cem

Date Dec 19 1906

Undertaker Sam. Gibbs

Address 611 N. Dallam

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96283

City of Baltimore, (No. 902 Dolphin St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Rebecca Reid

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Fem
COLOR	Col
DATE OF BIRTH (Month) (Day)	1822 (Year)
AGE	84 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	" "
MAIDEN NAME OF MOTHER	" "
BIRTHPLACE OF MOTHER (State or couutry)	" "
OCCUPATION OF DECEASED	Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs M. E. Comas

(Address) 902 Dolphin St

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from June 1906 to Dec 12 1906

that I last saw h.er alive on Dec 12 1906,

and that death occurred, on ~~the date stated above~~ Dec 16th, at 10 A. M. The CAUSE OF DEATH was as follows:

General Arterio-sclerosis
& Cardiac Dilatation

(DURATION) 6 mos DAYS

Contributory Syncope

(DURATION) DAYS

(Signed) W. J. Lockwood M. D.

Dec 17th 1906 (Address) 8. E. Eager St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	Dec 21 1906
UNDERTAKER	ADDRESS
Sam'l W Brad	1011 E Baltimore

WM. J. C. DULANY CO., BALTIMORE

Ward ..... Registered No. B 96284

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Jones

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Blk

DATE OF BIRTH: Nov. 2 1906

AGE: ..... years, 1 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McGuinn

(Address) 2005 Madison Ave.

Filed Dec 18 1906

HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14 1906 to Dec. 17 1906

that I last saw h[illegible] alive on Dec 16 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 31 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGuinn M.D.

Address 2005 Madison Ave

Date Dec. 17 1906

Place of Burial Cathedral Cemetery

Date Dec 18 1906

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 6285

City of Baltimore, (No. 1036 Fremby St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Samuel Cohen.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W.

DATE OF BIRTH: Unknown (Month) 1 (Day) Year)

AGE: about: 44 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Russia.

FULL NAME OF FATHER: Simon Cohen.

BIRTHPLACE OF FATHER (State or country): Russia.

MAIDEN NAME OF MOTHER: Becky Myers

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred Whitehead MD

(Address) 1215 Madison Av

Filed Dec 18 1906

HARRY C. ANDRIS
Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 6 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 5-10 1906 to Dec. 17 1906

that I last saw h— alive on Dec 16 1906,

and that death occurred, on the date stated above, at 12 45 M. The CAUSE OF DEATH was as follows:

Icterus - Obstruction

About (DURATION) 28 DAYS

Contributory Toxemia — (DURATION) 21 DAYS

(Signed) Alfred Whitehead M. D.

Dec 17 1906 (Address) 1215 Madison Av

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Washington Rd Ideburn — DATE OF BURIAL: Dec 18 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Low st

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 Registered No. B

CERTIFICATE OF DEATH. 96286

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Raymond Doxen

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1881

AGE: 15 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: single

BIRTHPLACE (State or country): Belair Md

FULL NAME OF FATHER: Jacob A. Doxen

BIRTHPLACE OF FATHER (State or country): Harford Co. Md.

MAIDEN NAME OF MOTHER: Eliz. M. Beaumont

BIRTHPLACE OF MOTHER (State or country): Harford Co. Md.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. E. Dean

(Address) Belair Md.

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 18th 1906

I HEREBY CERTIFY, That I attended deceased from November 26th 1906 to December 18th 1906 that I last saw h.. alive on December 18th 1906, and that death occurred, on the date stated above, at 3.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

General Septicaemia with Abscess of the Liver

(DURATION) - - DAYS

Contributory (Primary) Typhoid fever

~~Typhoid Appendicitis~~ (DURATION) 25 DAYS

(Signed) T. E. Riggs M.D.

Address 1514 Division St

Date December 18th 1906

Place of Burial Belair, Md.

Date December 20th 1906

Undertaker Wm B Brother

Address 231 S Stricker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96287

City of Baltimore, (No. 333, S. Payson St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Valentine Heil

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: white

DATE OF BIRTH: Feb (Month) 28 (Day) 1835 (Year)

AGE: 71 years, 9 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Valentine Heil

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Theresa —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Heil

(Address) 333 S. Payson St —

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 31 1904 to Dec 16 1906 that I last saw him alive on Dec 14 1906, and that death occurred, on the date stated above, at 11 A.M. The CAUSE OF DEATH was as follows:

old age, mitral insufficiency + bronchitis

about 3 yrs. (DURATION) DAYS

Contributory Exhaustion (DURATION) 6 DAYS

(Signed) H. E. Knipp M. D.

Dec 16 1906 (Address) 1002 W. Lanvale

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Dec 19 1906

UNDERTAKER: Mrs Geo P Poulus

ADDRESS: 2101 Fredk Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward IV 96288 Registered No. B 96288

CERTIFICATE OF DEATH.

74

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name

{Residence, if in Baltimore, Give Street and Number.} Frances Shipley

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 40 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Lamar Hollyday, Supt.

(Informant)

BAY VIEW ASYLUM.

(Address)

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 14. 1906

I HEREBY CERTIFY, That I attended deceased from Dec'r. 11. 1906 to Dec'r. 14. 1906 that I last saw her alive on Dec'r. 13. 1906, and that death occurred, on the date stated above, at 10'c A.M. CAUSE OF DEATH (Secondary or Immediate)

Tumor in Parietal Lobe of Brain

(DURATION) Unknown. DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) D. M. Cunningham M.D.

Address Bay View Asylum

Date December 14. 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date Dec 16 1906

Undertaker William H. Woodus

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes to notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

94

Ward 4 — 96289 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Marie Elizabeth Wilson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. 1 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	Mulatto

DATE OF BIRTH: Oct. 26 1906

AGE: — years, 1 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Penna.

FULL NAME OF FATHER: U

BIRTHPLACE OF FATHER (State or country): U

MAIDEN NAME OF MOTHER: U

BIRTHPLACE OF MOTHER (State or country): U

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 15 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 19 1906 to Dec. 15 1906 that I last saw her alive on Dec. 14 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 30 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Dec. 15 1906

Place of Burial COLLEGE OF P. & S.

Date DEC 17 1906 190

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE

FOR STATISTICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 96250 Registered No. B 95250

CERTIFICATE OF DEATH.

179

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Viola Johnson

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Blk

DATE OF BIRTH: June 14 1906

AGE: — years, 6 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: /

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McClennan

(Address) 2005 Madison Ave

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 17 1906 to Dec. 16 1906

that I last saw her alive on Dec. 16 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McClennan M.D.

Address 2005 Madison Ave

Date Dec. 17 1906

Place of Burial COLLEGE OF P[illegible]

Date DEC 17 1906

Commissioner Health.

Undertaker W

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 96291 — Registered No. B [illegible] — 154

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 W. Lee St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Reggan

{ Residence, if in Baltimore, Give Street and Number. } 126 W. Lee St

Duration of Residence in Baltimore. 22 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Fem | COLOR Wht

DATE OF BIRTH Oct 20 1816

AGE 90 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Retired.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Sullivan

(Address) 126 W Lee St.

Filed 12/18/1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Dec 16 1906

that I last saw her alive on Dec 15 1906,

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) DAYS

Contributory (Primary.) Asthenia

6 mos (DURATION) DAYS

(Signed) T. J. Norwood M.D.

Address 739 W Fayette St

Date Dec 17 1906

Place of Burial Cedar Hill Cemetery

Date Dec 18 1906

Undertaker W Maurice Rowlson

Address 230 N Howard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 17 96242 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1259 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Walter C Lynch

{Residence, if in Baltimore, Give Street and Number.} 1259 Sargeant st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 24 1906

AGE: ..... years, 2 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Elijah Lynch

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Annie E Buff

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elijah Lynch

(Address) 1259 Sargeant st

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 16 1906

that I last saw him alive on Dec 16 1906,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Capillary Bronchitis

(DURATION) 7 DAYS

Contributory (Primary) Asthenia

(DURATION) 2 DAYS

(Signed) J E Mm M.D.

Address 855 Columbia Ave

Date 190

Place of Burial Mt Olivet Cem

Date Dec 18 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 96293 — Registered No. B 96293 — 175

CERTIFICATE OF DEATH.

(Place of Death.) No. 26. N. Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Ann. High

{ Residence, if in Baltimore, Give Street and Number. } 26. N. Gilmor

Duration of Residence in Baltimore. 57 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Feb 2 1843

AGE 66 years, 10 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER John Banks

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary a Call

BIRTHPLACE OF MOTHER (State or country) Howard Co Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Cora Corwin

(Address) 26 N Gilmor St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 16 1906

that I last saw h alive on 190..,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

accidentally from a Solution Corrosive Sublimate & Cohisher in mistake for Quinine (DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. Fraser Jones M.D.

Address Corrected

Date Dec 16th 1906

Place of Burial Loudon Park

Date Dec 17 1906

Undertaker Jos B Cook

Address 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96294 — Registered No. B 9

CERTIFICATE OF DEATH.

(Place of Death.) No. 1000 N. Mount St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Edward Lucas

{ Residence, if in Baltimore, Give Street and Number. } 1000 N. Mount St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 1819

AGE 87 years, 3 months, 26 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country) Delaware

FULL NAME OF FATHER William Lucas

BIRTHPLACE OF FATHER (State or country) Not Known

MAIDEN NAME OF MOTHER Annie Dillan

BIRTHPLACE OF MOTHER (State or country) Not Known

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. E. Cole

(Address) 1000 N Mount St

Filed 12/18 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec - 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 17 1906

that I last saw h~~e~~r alive on Dec 17 1906,

and that death occurred, on the date stated above, at 1.35 P. M. CAUSE OF DEATH (Secondary or Immediate)

Old age

(DURATION) DAYS

Contributory (Primary.) Enteritis Chronic

(DURATION) DAYS

(Signed) C. Irvine Jones M.D.

Address 1744 N. Mt St

Date Dec - 18 1906

Place of Burial Centreville Md

Date Dec 19 1906

Undertaker Jos H Cook

Address 1003 N. Balto St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 96295

City of Baltimore, (No. 2100 N. Calvert St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edith L. West

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Nov (Month) 18 (Day) 1878 (Year)

AGE: 28 years, — months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: H. S. Ziegler

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Lou Aler

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susie Ziegler

(Address) 1624 N. Mulberry

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 16th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from January 18 1906 to December 16 1906 that I last saw h er alive on Dec 16 1906, and that death occurred, on the date stated above, at 10.4 P. M. The CAUSE OF DEATH was as follows:

Tuberculosis Pulmonalis

(DURATION) 20 Mos

Contributory Exhaustion

(DURATION) 3 DAYS

(Signed) P. E. Lilly M. D.

Dec 17 1906 (Address) 20 E Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Dec 19 1906

UNDERTAKER: Jos B. Cook | ADDRESS: 1002 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

18

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

17

CERTIFICATE OF DEATH.

96296

Registered No. B .....

City of Baltimore, (No. 1206 W. Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John P. Griffin

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 72 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: .....

BIRTHPLACE OF FATHER (State or country): Don't Know

MAIDEN NAME OF MOTHER: .....

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes N Griffin

(Address) 1206 W Baltimore St

Filed 12/18 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1906 to 16 1906

that I last saw h.. alive on Dec 16 1906,

and that death occurred, on the date stated above, at 1.30 P. M. The CAUSE OF DEATH was as follows:

Asthma terminating in Heart Exhaustion

(DURATION) 10 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) W. B. Bellman M. D.

Dec 18 1906 (Address) 5 E. Biddle St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Dec 20 1906

UNDERTAKER: Jos B. Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B 96297

City of Baltimore, (No. 1733 William St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Wallace

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: Not Known. (Month) 1 (Day) (Year)

AGE: 54 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Not Known.

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Boiler Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret A Wallace.

(Address) 1733 William St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 16 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 1906 to Dec. 16 1906 that I last saw h[im] alive on Dec. 15 1906, and that death occurred, on the date stated above, at 1.0 A. M. The CAUSE OF DEATH was as follows:

Heart-Disease

(Mitral Aortic Insuff.)

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. T. Bullen M. D.

Dec 17 1906 (Address) 123 Hilltop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St Patricks.	Dec. 19 1906
UNDERTAKER	**ADDRESS**
E Hasle.	115 E Eager St

WM. J. C. DULANY CO., BALTIMORE

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96298 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1720 Hollbrook St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret McGonigle

{Residence, if in Baltimore, Give Street and Number.} 1720 Hollbrook St

Duration of Residence in Baltimore. 63 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH Sep 27 1837

AGE 69 years, 2 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Nicolas Stark

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine Stark

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Robert Sweedy

(Address) 1720 Hollbrook St

Filed 12/18/1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 13th 1906 to Dec 17th 1906 that I last saw h alive on Dec 13th 1906, and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach

(DURATION) — DAYS

Contributory (Primary.)

asthenia (DURATION) 7 weeks

(Signed) M. J. McAuley M.D.

Address 837 S Canton St

Date ..... 190...

Place of Burial St Vincents Cemetery

Date Dec. 19 1906

Undertaker E J Gunning

Address 1938 E Lafayette a

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 — Registered No. B 96299

CERTIFICATE OF DEATH.

(Place of Death.) No. 320 S Eden St — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Michael J. Dunn

{ Residence, if in Baltimore, Give Street and Number. } 320 S. Eden st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M	W

DATE OF BIRTH: July 25 1868

AGE: 38 years, 4 months, 23 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Pat K Dunn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Anna Dunn

(Address) 320 S Eden. St

Filed 12/18/1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Dec 16 1906

that I last saw h— alive on Dec 16

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Nephritis

(DURATION) 2 hrs DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J J Valentine M.D.

Address 16 S Broadway

Date Dec 17 1906

Place of Burial New Cathedral Cemetery

Date Dec. 20th 1906

Undertaker E. J Fanning

Address 1938 E Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT.

Ward ..... 96300 Registered No. B 96300

64

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Mc Donough

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1833

AGE: 73 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Bartley M'Donough

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Connelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lemar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17, 1906

I HEREBY CERTIFY, That I attended deceased from July 19, 1906 to Dec 17, 1906 that I last saw h-im alive on Dec 17 1906 and that death occurred, on the date stated above, at 10 40 P. M. CAUSE OF DEATH (~~Secondary~~ or Immediate.)

Hypostatic Pneumonia

(DURATION) ..... DAYS

Con'tributory (~~Primary~~.) Cerebral Hemorrhage

(DURATION) ..... DAYS

(Signed) Horace Biddle Brown M.D.

Address Bay View Hospital

Date Dec 18 1906

Place of Burial Holy Cross Cemetery

Date Dec 20 1906

Undertaker Germanus Trance

Address Bank & Wolfe sts

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96301

City of Baltimore, (No. 1605 Canton Ave St.; 2nd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Estella Kopycinska

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	(Month) (Day) 1 Year)
AGE	years, 13 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Teofi Kopyinski
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	not known
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Teofil Kopycinski

(Address) 605 Canton Ave

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 17th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1906 to Dec. 17th 1906 that I last saw h alive on Dec 17th 1906, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Laryngeal Diphtheria

(DURATION) 2 DAYS

Contributory Acute Bronchitis

(DURATION) 14 DAYS

(Signed) G. F. Ries M. D.

Dec. 17th 1906 (Address) 213 S Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Rosary	18 Dec 1906
UNDERTAKER Jacob Fialkowski	ADDRESS 428 S Bond

2 P M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95

CERTIFICATE OF DEATH.

Registered No. B 96302

City of Baltimore, (No. 705, S. Bethel St.; 1st Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victoria Kulacki

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 11 (Month) 27 (Day) 1 (Year)

AGE: 4 years, 11 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Ludwick Kulacki

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Apolonia Grigo

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ludwick Kulacki

(Address) 705 S Bethel St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 17th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16th 1906 to Dec. 17th 1906

that I last saw her alive on Dec. 16th 1906,

and that death occurred, on the date stated above, at 12.20 a. m. The CAUSE OF DEATH was as follows:

Acute Pulmonary Congestion

(DURATION) 1 DAYS

Contributory

(DURATION) DAYS

(Signed) A. F. Ries M. D.

Dec. 17th 1906 (Address) 213 S. Bond St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Stanislaus — DATE OF BURIAL: 18 Dec 1906

UNDERTAKER: Jacob Trialkowski — ADDRESS: 428 S Bond st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 96303 — Registered No. B 96303 4

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Sq. Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry W. Loane

{Residence, if in Baltimore, Give Street and Number.} 732. East 21st Street.

Duration of Residence in Baltimore. Thirty five years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: May 18th. 1871

AGE: 35 years, ... months, ... days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt. Md.

FULL NAME OF FATHER: William T. Loane

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Kate L. Dennis

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: Lumber Dealer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H. G. Bouton.

(Address) Franklin Sq Hospl.

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 — 1906 to Dec 17 1906

that I last saw h— alive on Dec 17 1906,

and that death occurred, on the date stated above, at 8.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Loss of Blood.

(DURATION) 5 DAYS

Contributory (Primary.) Ulcer both Septicaemia et Toxaemia (Secondary) (DURATION) DAYS

Malaria

(Signed) U. S. Bowlsby M.D.

Address Franklin Sq. Hosp

Date Dec. 17. — 1906

Place of Burial Mt Olivet

Date Dec 19th 1906

Undertaker E. A. Hinkelfeld

Address 2113 Brunswick

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 96304 — Registered No. B 96304

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Barrenger

{Residence, if in Baltimore, Give Street and Number.} 2810 Hofman St.

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Oct 30 1872

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Louis L Berenger

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Adelia E Gibbons

BIRTHPLACE OF MOTHER (State or country): Brw. York

OCCUPATION OF DECEASED: Produce dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Isabel M Beranger

(Address) 2018 E Hoffman St

Filed 12/18 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 16 1906 that I last saw h[illegible] alive on Dec 16 1906, and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

Leukemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Chas L Jenner M.D.

Address St Joseph Hospital

Date Dec 16/06 1906

Place of Burial St Marys Cemetery

Date Dec 19 1906

Undertaker C. A. Weidefeld & Sons

Address 2113 Druid Hill Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96305

City of Baltimore, (No. 2717, Greenmount Ave E. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles W. Mueller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 14th 1862 (Month) (Day) (Year)

AGE: 43 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: H. Shelton Mueller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): ——

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E Mueller

(Address) 2717 Greenmount Ave

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12-16-06 190 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 11/28/06 190 to 12-16/06 190

that I last saw him alive on 12-16/06 190,

and that death occurred, on the date stated above, at 1-30 P. M. The CAUSE OF DEATH was as follows:

Asthma.

(DURATION) ..... DAYS

Contributory Aneurism of abdominal Aorta. (DURATION) 1 yr. ~~MOS~~

(Signed) Edw Sadler. M. D.

12/16/06 190 (Address) 2631 Hk Rd.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Dec 18 1906

UNDERTAKER: E A Kirkpatrick — ADDRESS: 2113 Greenmount Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96306

City of Baltimore, (No. 2405 Hudson Alley, ... St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: about 34 years, — months, — days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Thomas H Johnson

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Johnson

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julius A Johnson

(Address) Gloster Va

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 15 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 14 1906 that I last saw h Ex alive on Dec 14 1906, and that death occurred, on the date stated above, at 1 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

unknown (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) M E Douglass M. D.

12/15 1906 (Address) 129 E North ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery Co Balto

DATE OF BURIAL: Dec 18 1906

UNDERTAKER: Felix B Pye

ADDRESS: 1026 Walbrook

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 96307 — Registered No. B 96307

34

CERTIFICATE OF DEATH.

(Place of Death.) No. 1333 Whatcoat St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma Brewer

{Residence, if in Baltimore, Give Street and Number.} 1333 Whatcoat St—

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored.

DATE OF BIRTH June 5 1889

AGE 17 years, 6 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Arlington Md.

FULL NAME OF FATHER Geo. Brewer.

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Mia Johnson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo C. Shannon

(Address) 1442 Presstman St

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 28 1906 to Dec 16 1906

that I last saw h— alive on Dec 16 1906;

that death occurred, on the date stated above, at 10 20 M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

(DURATION) — DAYS

Contributory (Primary.) Tuberculosis — General (DURATION) 9 mos

(Signed) Geo C. Shannon M.D.

Address 1442 Presstman St

Date Dec 17— 1906.

Place of Burial West arlington Balto. Co Cemetery

Date Dec 19 1906

Undertaker Wm J Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 3. *And be it further enacted and ordained*, That it shall be the duty of the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death, to the Physician who attended during his last sickness, within **twenty-four hours after death**, to the

Ward W 96308 Registered No. B 98303

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Herman Hammel

{Residence, if in Baltimore, Give Street and Number.} 503 W. Lombard

Duration of Residence in Baltimore. All life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 1862

AGE 44 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Gottlieb Hammel

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER --

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by Brother

(Address) 1920 Wilhelm St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 17 1906 that I last saw him alive on Dec 17 1906, and that death occurred, on the date stated above, at 6:10 P.M. CAUSE OF DEATH (Secondary or Immediate)

Terminal pneumonia

(DURATION) ..... DAYS

Contributory (Primary.) Nephritis

(DURATION) 21 DAYS

(Signed) W. W. Quire M.D.

Address University Hospital

Date Dec. 18 1906

Place of Burial Baltimore County

Date Dec 20 " 1906 190

Undertaker N S Finch

Address 2113 N Preston St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT

Ward ..... Registered No. B 96309

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary L Hopton

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Saml. Bloxstone

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Bloxstone

BIRTHPLACE OF MOTHER (State or country): East Shore Md

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lamar Hollyday, &

(Address) BAY VIEW ASYLUM.

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 4 1906 to Dec. 17 1906 that I last saw h.. alive on Dec 17 1906 and that death occurred, on the date stated above, at 6.25 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con'tributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Howard Kelly M.D.

Address Bay View Hospital

Date Dec. 17 1906

Place of Burial Mt Lebanon

Date Dec 19 1906

Undertaker Robt J Turner

Address Druid & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96310 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 1347 Penna Ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Amelia Monahan

{Residence, if in Baltimore, Give Street and Number.} 1347 Penna Ave

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1847

AGE: 53 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: George Schmedt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Ott

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Dressler

(Address) 604 Lafayette Ave

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: DEC 17 1906 190

I HEREBY CERTIFY, That I attended deceased from Dec 7 1906 to DEC 17 1906

that I last saw h[illegible] alive on Dec 16 1906,

and that death occurred, on the date stated above, at 4 40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Septic Pneumonia

12 hrs (DURATION) DAYS

Contributory (Primary.) Chronic Nephritis

14 (DURATION) DAYS

(Signed) Max Fellhoff M.D.

N. E. Cor. Lafayette & Carrollton Ave

Address

Date DEC 17 1906 190

Place of Burial New Cathedral

Date Dec 19th 1906

Undertaker M. Lahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96311

Registered No. B

City of Baltimore, (No. 638 W. Saratoga St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harriet Hickmann

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 9 (Day) 1837 (Year)

AGE: 69 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Delaware

FULL NAME OF FATHER: William Joseph

BIRTHPLACE OF FATHER (State or country): Delaware

MAIDEN NAME OF MOTHER: Sara Joseph

BIRTHPLACE OF MOTHER (State or country): Delaware

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Herman Munderloh

(Address) 802 N. Payson St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 17th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1906 to Dec 17th 1906

that I last saw her alive on Dec 17th 1906,

and that death occurred, on the date stated above, at 4.10 P. M. The CAUSE OF DEATH was as follows:

Valvular Heart Disease (mitral)

(DURATION) months

Contributory Paralysis two strokes

(DURATION) 2 years

(Signed) Henry Orr Bayley, M. D.

Dec 17 1906 (Address) 1126 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Milford Delaware | DATE OF BURIAL: Dec 19 1906

UNDERTAKER: Josiah Syfer | ADDRESS: 16 W. North Ave.

✓ ✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96312 Registered No. B .....

CERTIFICATE OF DEATH. 19

(Place of Death.) No. 2246 Bank Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary McDonough

{ Residence, if in Baltimore, Give Street and Number. } 2246 Bank St

Duration of Residence in Baltimore. 50 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan 6 1851

AGE: 55 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Boston Mass

FULL NAME OF FATHER: John McDonough

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Flaherty

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Daniel Meyber

(Address) 2246 Bank St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 17 1906 that I last saw h.r alive on Dec 17 1906, and that death occurred, on the date stated above, at 2205

17 M. CAUSE OF DEATH (Secondary or Immediate)

Mitral Regurgitation

Several months (DURATION) ..... DAYS

Contributory (Primary.) Broken Compensation

3 days (DURATION) ..... DAYS

(Signed) W. L. Burke M.D.

Address 218 O'Donnell St

Date Dec 18 1906

Place of Burial Cathedral Cemetery

Date Dec. 19 1906

Undertaker Daniel & Margt. G. Flynn

Address 42 S. West St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number)

Full Name Caroline Johnson

D. 46313

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: August 1842

AGE: 64 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore,

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Servante

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr. Dorothy Mary

(Address) Preston & Valley sts

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 17th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw her alive on Dec 4 1906,

and that death occurred, on the date stated above, at 11.30 p. m. CAUSE OF DEATH (Secondary or Immediate)

Vascular disease of heart

unknown (DURATION) DAYS

Contributory (Primary.)

Dropsy 3 months (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 18 1906

Place of Burial Holy Cross Cem

Date Dec 19. 1906

Undertaker Henry C Wedefeld

Address Glenmount Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96314 Registered No. B 104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1215 Maryland Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John W. Edwards

{Residence, if in Baltimore, Give Street and Number.} 1215 Maryland Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1866

AGE: 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Charles Edwards

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Edwards

(Address) 1210 Maryland Ave

Filed 12/18 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sunday Dec 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 16 1906 that I last saw h[illegible] alive on Dec 5 1906, and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion

(DURATION) 1 DAYS

Contributory (Primary.) Phthisis

(DURATION) 2 DAYS

(Signed) [illegible] M.D.

Address 607 N. Charles St

Date Dec 17 1906

Place of Burial Laurel

Date Dec 18 1906

Undertaker R A Elliott

Address 506 Regent Ave

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96315

City of Baltimore, (No. 1718, Druid Hill Ave., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Marie Tillman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: Mulatto
DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)	
AGE: 1 years, 1 months, — days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Infant
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James H Dennis

(Address) 1332 Presstman

Filed 12/18 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from 3 a 4 days 190 to Dec. 16 1906

that I last saw h.. alive on Dec. 16 1906,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Pneumonia

atonic (DURATION) 4 DAYS

Contributory (DURATION) DAYS

(Signed) J. E. Stemmell, M. D.

Dec 17 1906 (Address) 2226 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 19 1906
UNDERTAKER: James H Dennis	ADDRESS: 1332 Presstman St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15

Registered No. B 96316

CERTIFICATE OF DEATH.

(Place of Death.) No. 104 W. Barney St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant - twin of not named F.

{ Residence, if in Baltimore, Give Street and Number. } John J. & Georgia W. Bensley. 104 W. Barney St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec. 17 1906
AGE	One hour ..... years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md.
FULL NAME OF FATHER	John J Bensley.
BIRTHPLACE OF FATHER (State or couutry)	Balto Md.
MAIDEN NAME OF MOTHER	Georgia W Clark.
BIRTHPLACE OF MOTHER (State or country)	Balto Md.
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Bensley.

(Address) 104 W Barney St.

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1906

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Dec 17 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis neonatorum

..... (DURATION) ..... DAYS

Contributory (Primary.) Congenital debility

..... (DURATION) ..... DAYS

(Signed) Minerva Herrington M.D.

Address 115 W. Barre St.

Date Dec. 18 1906

Place of Burial Cedar Hill

Date Dec. 19th 1906

Undertaker E Clark.

Address 115 E West St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 96817 — Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 104 W. Barney St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Not named Infant - twin of.

{ Residence, if in Baltimore, Give Street and Number. } John J. & Georgia W. Bensley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 17 1906

AGE: Few minutes — ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: John J. Bensley.

BIRTHPLACE OF FATHER (State or country): Balto Md.

MAIDEN NAME OF MOTHER: Georgia W. Clark.

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Bensley.

(Address) 104 W Barney St

Filed 12/18 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 17 1906

I HEREBY CERTIFY, That I attended deceased ~~from~~ on Dec 17 1906 to ..... 190.....

that I last saw h ..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 11 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelectasis neonatorum

..... (DURATION) ..... DAYS

Contributory (Primary.) Congenital Debility

..... (DURATION) ..... DAYS

(Signed) Minerva Herrington M.D.

Address 115 W. Barre St.

Date Dec. 18 1906

Place of Burial Cedar Hill

Date Dec. 19th 1906

Undertaker E Hasle.

Address 115 E West St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — Registered No. B 96318

CERTIFICATE OF DEATH.

19

(Place of Death.) No. St Josephs Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Noah Stocksdale, C. D.

{Residence, if in Baltimore, Give Street and Number.} 312 Dellwood Ave.

Duration of Residence in Baltimore. 17 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 17 1847
AGE	59 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Carroll Co
FULL NAME OF FATHER	Noah Stocksdale
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Catherine Haines
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Veterinary Surgeon

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Samuel Stocksdale

(Address) Chestnut Ave

Filed 12/19/1906 HENRY O. ANDRESS, PERSONAL CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Dec 17 1906

that I last saw h im alive on Dec 17 1906,

and that death occurred, on the date stated above, at 5.30

A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Dilatation

(DURATION) DAYS

Contributory (Primary.) Aortic Aneurysm (DURATION) DAYS

(Signed) Geo. H. Offutt M.D.

Address St. Josephs Hosp.

Date Dec. 17. 1906

Place of Burial St Mary's (Hampden) Cemetery

Date Dec 19 1906

Undertaker Wm. E. Chenoweth & Son

Address 919 Third Ave Hampden

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96319

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 68, Birch Hill Mt Vernon St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Robert F Bailey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Apr (Month) 14 (Day) 1846 (Year)

AGE: 62 years, 8 months, 4 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): W Va

FULL NAME OF FATHER: John Bailey

BIRTHPLACE OF FATHER (State or country): Howard Co

MAIDEN NAME OF MOTHER: Eliz. Moore

BIRTHPLACE OF MOTHER (State or country): W Va

OCCUPATION OF DECEASED: Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Eliz Bailey

(Address) 68 B Hill

Filed 12/19/1906 HARRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 18 1906 that I last saw h in alive on Dec 18 1906, and that death occurred, on the date stated above, at 1 P M. The CAUSE OF DEATH was as follows:

Paralysis Coma & collapse

(DURATION) 2 DAYS

Contributory Bronchitis & Cath

(DURATION) Dis Yrs DAYS

(Signed) Wm. H. F. Newman M. D.

Dec 18 1906 (Address) 800 Mt Pl Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: St Marys Cemetery

DATE OF BURIAL: Dec 20 1906

UNDERTAKER: W. E. Chenoweth & Son

ADDRESS: 217 Park Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 — Registered No. B 96320

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1609 W Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Infant of
Full Name Samuel J. Leitzett Dixon

{ Residence, if in Baltimore, Give Street and Number. } 1609 W Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Dec 17 — 1906

AGE: — years, — months, 1 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltic

FULL NAME OF FATHER: Saml. J. Dixon

BIRTHPLACE OF FATHER (State or country): Baltic

MAIDEN NAME OF MOTHER: Lizetta J. Steinhoff

BIRTHPLACE OF MOTHER (State or country): Baltic

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel J. Dixon

(Address) 1609 W Lombard St

Filed 12/19 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 - 1906

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 18 1906

that I last saw h— alive on Dec 17 1906,

and that death occurred, on the date stated above, at 3 P. M. CAUSE OF DEATH (Secondary or Immediate)

Congenital Birth

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Edw Simpson M.D.

Address 54 Lexington

Date Dec 18 - 1906

Place of Burial London Park cem

Date 12-19 1906

Undertaker Robt. Brookes Son

Address 17 S. Calhoun St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96321 Registered No. B 153

CERTIFICATE OF DEATH.

(Place of Death.) No. 1005 Patterson Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name LeRoy Wilbur Curry

{ Residence, if in Baltimore, Give Street and Number. } 1005 Patterson Ave

Duration of Residence in Baltimore. Age

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 19th 1906

AGE: ..... years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John F. Curry

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Mary E. Forwart

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Curry

(Address) 1005 Patterson Ave.

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Dec 17 1906

that I last saw him alive on Dec 17 1906,

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion &
Eclampsia

(DURATION) 2 DAYS

Contributory (Primary.) Malnutrition

(DURATION) 30 DAYS

(Signed) W. W. Wright M.D.

Address S.E. Cor. Canton Ave & Dillon Sts

Date Dec 18 1906

Place of Burial Mt Carmel

Date Dec. 19th 1906

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 96322

City of Baltimore, (No. 1734, Orleans St.; 6 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Isabella Conoway

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	Dec 26 1878 (Month) (Day) (Year)
AGE	27 years, 11 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Edwin A Boone
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Lemmia Harris
BIRTHPLACE OF MOTHER (State or country)	Delaware
OCCUPATION OF DECEASED	Dressmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemmia Boone

(Address) 1734 Orleans St.

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 18 1906 that I last saw her alive on Dec 18 1906, and that death occurred, on the date stated above, at 11.30 A.M. The CAUSE OF DEATH was as follows:

Pneumonia (Double Probable Tubercular)

(DURATION) 18 DAYS

Contributory Asthenia

(DURATION) 8 DAYS

(Signed) A T Rorer M.D.

Dec 19 1906 (Address) 1904 E Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Carmel	Dec 21st 1906
UNDERTAKER	ADDRESS
H. SANDERS & SONS,	1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 20

96323 Registered No. B [illegible]

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 304. S Pulaski St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Henry H Woody

{Residence, if in Baltimore, Give Street and Number.} 304 S Pulaski St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White.

DATE OF BIRTH. Aug. 11. 1906

AGE ..... years, 4 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. city.

FULL NAME OF FATHER Chas. H. Woody.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Annie C. Henderson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. H. Woody.

(Address) 304 S Pulaski St.

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17. 1906

I HEREBY CERTIFY, That I attended deceased from Dec 13. 1906 to Dec 17 1906 that I last saw him alive on Dec 17. 1906. and that death occurred, on the date stated above, at 5: P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 6. DAYS

Contributory (Primary) Collapse

(DURATION) 1. DAYS

(Signed) J. D. Wilson M.D.

Address 1735 Hollins St

Date Dec 18 1906

Place of Burial Loudon Park

Date Dec 19. 1906

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 8 — 96324 — Registered No. B [illegible]

112

CERTIFICATE OF DEATH.

(Place of Death.) No. 1816 Hopkins Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Otto P. Fillack

{Residence, if in Baltimore, Give Street and Number.} 1816 Hopkins Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Oct 30 1866

AGE 41 years, 1 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Charles Fillack

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Anastasia Numann

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick Fillack

(Address) 1816 Hopkins Ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 15 1906 to Dec 18 1906 & that I last saw him alive on Dec 17 1906 & that death occurred, on the date stated above, at 4:20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hyper. Cirrhosis Liver

(DURATION) 64 DAYS

Contributory (Primary.) Exhaustion

(DURATION) 2 DAYS

(Signed) J. L. Blades M.D.

Address 143 N Bway

Date [illegible] 190

Place of Burial St Pauls Cem Luth

Date Dec 20 190 6

Undertaker Mrs Andrew Rohde Son

Address 732 Eutaw Pl

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the deceased, and the **cause and date of death.**

Ward 10 — 96325 — Registered No. B 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 407 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Lee

{Residence, if in Baltimore, Give Street and Number.} 407 N. Caroline St

Duration of Residence in Baltimore. Liven

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 28 June 1

AGE: ..... years, ... months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Walter Lee

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Stanley

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Lee

(Address) 407 N Carolines

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec 3 — 1906 to Dec 17 — 1906 that I last saw him alive on Dec 17 — 1906, and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Capillary Bronchitis

(DURATION) 12 DAYS

(Signed) W. J. Travis M.D.

Address 1344 Druid Hill Ave

Date Dec 18 — 1906

Place of Burial Asbury Cemetary

Date 19 December 1906

Undertaker John W Henderson

Address 131 N Caroline st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 15 9352 Registered No. B 105

CERTIFICATE OF DEATH.

(Place of Death.) No. 1628 Pennsylvania Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Dora Smith

{ Residence, if in Baltimore, Give Street and Number. } 1628 Pennsylvania Ave. B96326

Duration of Residence in Baltimore. 5

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: B.

DATE OF BIRTH: Nov. 11 1905

AGE: 1 years, 1 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Chas. Smith

BIRTHPLACE OF FATHER (State or country): St. Mary's Co. Md.

MAIDEN NAME OF MOTHER: Lula Young

BIRTHPLACE OF MOTHER (State or country): St. Mary's Co.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alonius McGlannan

(Address) 2005 Madison Ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 18 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to Dec. 18 1906

that I last saw her alive on Dec. 18 1906,

and that death occurred, on the date stated above, at 12 Noon.

M. CAUSE OF DEATH (Secondary or Immediate) Meningitis

(DURATION) 1 DAYS

Contributory (Primary.) Gastro Enteritis

(DURATION) 20 DAYS

(Signed) Alonius McGlannan M.D.

Address 2005 Madison Ave

Date Dec. 19/06 1906

Place of Burial St. Peters Cemetery

Date Dec 19th 06 1906

Undertaker Glennon & Wright

Address 364 W Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 96327 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 15 S Chester St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Richard Edwards Roberts

{ Residence, if in Baltimore, Give Street and Number. } 15 S. Chester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 66 years ..... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Hugh Roberts

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Caroline Elener

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Laura J. Roberts Wife

(Address) 15 S Chester St

Filed 12/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16 = 06 190

I HEREBY CERTIFY, That I attended deceased from ~ 190 to ~ 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Thomas Ludlow Conner M.D.

Address 320 N Greene St

Date Dec 17th 1906

Place of Burial Baltimore. CEMETERY.

Date DEC 19 1906 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 Reg. 30025 120

CERTIFICATE OF DEATH.

(Place of Death.) No. 714 N Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret A. Stringer

{Residence, if in Baltimore, Give Street and Number.} 714 N Arlington Ave

Duration of Residence in Baltimore. Life B 9632

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 20th 1836

AGE 70 years, 8 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER John A Thompson

BIRTHPLACE OF FATHER (State or country) Balti Md

MAIDEN NAME OF MOTHER Sarah A Barker

BIRTHPLACE OF MOTHER (State or country) Marcus Hook, Pa.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gno. R Meginnis

(Address) 1930 N. London Ave

Filed 12/19 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 14th 1905 to Dec 18th 1906

that I last saw her alive on Dec 17th 1906

and that death occurred, on the date stated above, at 8 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary) Chronic Interstitial Nephritis (DURATION) Forle 7 DAYS

(Signed) Chas B Wagner M.D.

Address 1331 E Baltimore

Date Dec 19th 1906

Place of Burial Druid Ridge

Date Dec 21st 1906

Undertaker Geo J Small & Co.

Address 1000 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE. 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96329

City of Baltimore, (No. 1324 Fremont Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leonard Earling

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: about 76 — 1 (Month) (Day) Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): New Jersey

FULL NAME OF FATHER: Michael Earling

BIRTHPLACE OF FATHER (State or country): New Jersey

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Glass Blower

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Ruth Reed

(Address) 526 W Lee st

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 17th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 24th 1906 to Dec 17th 1906 that I last saw him alive on Dec 16th 1906, and that death occurred, on the date stated above, at 4.30 P. M. The CAUSE OF DEATH was as follows:

Bronchitis

3 weeks (DURATION) DAYS

Contributory Valvular trouble with hypertrophy (DURATION) — DAYS

(Signed) H. H. Gill M. D.

Dec 18 1906 (Address) 100 Edmondson Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cemetery — DATE OF BURIAL: Dec 20 1906

UNDERTAKER: W. J. Tuttle & Son — ADDRESS: Caroline & Gay sts

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 96330 Registered No. B 96330

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 753 Lovers Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Norman Biddle

{Residence, if in Baltimore, Give Street and Number.} 753 Lovers Lane

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Mail	COLOR: Colored
DATE OF BIRTH: 1	
AGE: 1 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Sing S	
BIRTHPLACE (State or country): Balt Md	
FULL NAME OF FATHER: Nickles Biddle	
BIRTHPLACE OF FATHER (State or country): Md	
MAIDEN NAME OF MOTHER: Emma Chase	
BIRTHPLACE OF MOTHER (State or country): Md	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Biddle

(Address) 753 Lovers Lane

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 16th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 16 1906

that I last saw him alive on Dec 12 1906,

and that death occurred, on the date stated above, at 9 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 16 DAYS

Con'ributory (Primary) Convulsions

(DURATION) 16 DAYS

(Signed) W Foree M.D.

Address 712 S. Eutaw St

Date Dec 16th 1906

Place of Burial Mt Auburn Cemetery

Date Dec 19 1906

Undertaker Geo H Hooper

Address 609 Little Pacific St

V

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

superintending the burial, a certificate setting forth, as far as the same

Undertaker, or other person superintending the burial, to furnish within

Ward 7 — 95631 — Registered No. B 95631

CERTIFICATE OF DEATH.

11

(Place of Death.) No. 1704 Crystal Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Charles J. Wetz

{Residence, if in Baltimore, Give Street and Number.} 1704 Crystal Ave.

Duration of Residence in Baltimore. 24 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Nov 15 1865

AGE: 41 years, 1 months, 3 days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jacob Wetz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Sailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Wetz

(Address) 1704 Crystle ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ 190 to ~~Dec~~ 190

that I last saw him ~~alive~~ on ~~Dec~~ 190,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease (Sudden)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Fredk Carnes M.D.

Address Corner Md

Date Dec 18-06 190

Place of Burial Mt. Carmel Cem.

Date 12/21/06 190

Undertaker J. Kemp & Son

Address 200 S Eutaw St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 — Registered No. B 96632

CERTIFICATE OF DEATH.

(Place of Death.) No. 3247 Chestnut Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name C. Elmer Gore

{Residence, if in Baltimore, Give Street and Number.} 3247 Chestnut Ave

D. 9633

Duration of Residence in Baltimore. 2 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Sept 22 1873

AGE: 33 years, 2 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Charles H. Gore

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Mary L. L. Shaver

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Nora E. Talbott

(Address) 1018 W Franklin St

Filed 12/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 7th 1906 to Dec 19 1906 that I last saw him alive on Dec 18 1906, and that death occurred, on the date stated above, at 2 a M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever Bowell hemorhage & Collapse

(DURATION) 11 DAYS

Contributory (Primary Walking, Typhoid 2 weeks before being treated (DURATION) DAYS

(Signed) Wm. H. Eddeman M.D.

Address 800 1st Ave

Date Dec 19th 1906

Place of Burial Schaffers Church Balto Co Md

Date Dec 21 190

Undertaker W. E. Shanewith & Son

Address 919 Third Ave

WM. J. C. DULANY CO., STATIONERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 96333 Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. 1432 John St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Susan Risteau Walter

{Residence, if in Baltimore, Give Street and Number.} 1432 John St.

Duration of Residence in Baltimore. 50 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W.

DATE OF BIRTH March 15 1827

AGE 79 years, 9 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto. Co. Md.

FULL NAME OF FATHER Wm. W. Risteau

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Susan Wilson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. C. W. Dorsey

(Address) 1432 John St.

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 4th 1906 to Dec. 18th 1906 that I last saw h[er] alive on Dec 18th 1906, and that death occurred, on the date stated above, at 6.10 A.M. CAUSE OF DEATH (~~Secondary or Immediate~~) Shock and exhaustion following fracture of neck of femur

(DURATION) 13 DAYS

~~Contributory~~ (Primary)

(DURATION) DAYS

(Signed) Eugene L. Von Ast M.D.

Address 515 Park Avenue

Date December 18th 1906

Place of Burial Greenmount Cemetery

Date Dec. 20 1906

Undertaker W. W. Mears & Sons

Address 805 W. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 96334

City of Baltimore, (No. 3418, Chestnut Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Pearle F. Lovell

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 8 1906 (Month) (Day) (Year)

AGE: ..... years, 11 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: James G. Lovell

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Edna D. Barnes

BIRTHPLACE OF MOTHER (State or country): Carroll Co

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Edna D Lovell

(Address) 3418 Chestnut Ave

Filed 12/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 17 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 17 1906 that I last saw h[illegible] alive on Dec 17 1906, and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

acute Meningitis

(DURATION) 2 DAYS

Contributory acute Pneumonia

(DURATION) 15 DAYS

(Signed) [illegible] M. D.

Dec 18 1906 (Address) 1765 E Mt

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: St Mary H — DATE OF BURIAL: Dec 19 1906

UNDERTAKER: A S Marshall — ADDRESS: 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ....

CERTIFICATE OF DEATH.

125

(Place of Death.) No. #116 S. Eutaw St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Nichols

{ Residence, if in Baltimore, Give Street and Number. } 116 S Eutaw St.

B. 96335

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. | COLOR: White

DATE OF BIRTH: 8/8/14 1842

AGE: 64 years, 9 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): New York

FULL NAME OF FATHER: Zachariah Nichols

BIRTHPLACE OF FATHER (State or country): N. J.

MAIDEN NAME OF MOTHER: Harriet Jane

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Bookkeeper.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Susan H. Nichols

(Address) 116 S. Eutaw St.

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: DEC 18 1906 190

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 18 1906

that I last saw h-- alive on Dec 18 1906, and that death occurred, on the date stated above, at 12.0 M. CAUSE OF DEATH (Secondary or Immediate)

Uremia Coma

(DURATION) 2. DAYS

Contributory (Primary) Probably Hypertrophy (DURATION) DAYS

(Signed) J. Harry Nichols M.D.

Address #11 W Cary St.

Date DEC 18 1906 190

Place of Burial Balto. Cemetery

Date Dec. 21 190

Undertaker Josiah Syfer

Address 1600 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96336

City of Baltimore, (No. 517 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Willie E. Bonsall

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept (Month) 13 (Day) 1865 (Year)

AGE: 41 years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John M Bonsall

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Anna M Bowen

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Callie B Bonsall

(Address) 517 N Fulton Ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 17 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Dec 17 1906

that I last saw him alive on Dec 17 1906,

and that death occurred, on the date stated above, at ..... P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis and Cardiac Hypertrophy (DURATION) 2 DAYS

Contributory Uraemic Coma (DURATION) 1 DAYS

(Signed) J. Harris Cannon M. D.

Dec 17 1906 (Address) 401 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 20 1906

UNDERTAKER: Josiah Syfer | ADDRESS: 1600 W North Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 96337 — Registered — 106

CERTIFICATE OF DEATH

(Place of Death.) No. 409 Courtland St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Henry Walters

{Residence, if in Baltimore, Give Street and Number.} 409 Courtland Baltimore

Duration of Residence in Baltimore 22 Years B 96337

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR white

DATE OF BIRTH June 21 1843

AGE 63 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Schessen Germany

FULL NAME OF FATHER George Walters

BIRTHPLACE OF FATHER (State or country) Schessen Germany

MAIDEN NAME OF MOTHER Dora Brown

BIRTHPLACE OF MOTHER (State or country) Schessen Germany

OCCUPATION OF DECEASED Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Walters wife

(Address) 409 Courtland St

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 7 1906 to Dec 16 1906 that I last saw him alive on Dec 16 1906, and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

(DURATION) DAYS

Contributory (Primary.) Gastritis

4 months (DURATION) DAYS

(Signed) J. C. Morford M.D.

Address 688 N Gilmor

Date Dec 17 1906

Place of Burial London Park

Date Wed. Dec 19 1906

Undertaker Wm J Tickner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 — 96338 — Registered No. 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 Columbia ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Raymond L. Bartholow

{Residence, if in Baltimore, Give Street and Number.} 1232 Columbia ave

Duration of Residence in Baltimore. 16

b-96338

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Apr. 16 1889
AGE	17 years, 8 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Virginia
FULL NAME OF FATHER	Chas L. Bartholow
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Sarah H. Reed
BIRTHPLACE OF MOTHER (State or country)	Virginia
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah H. Bartholow

(Address) 1232 Columbia ave

Filed 12/19 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Dec 17 1906

that I last saw him alive on Dec 16 1906

and that death occurred, on the date stated above, at 5:35 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Acute pneumonic phthisis

(DURATION) 60 DAYS

Contributory (Primary) Nervous

Exhaustion (DURATION) 30 DAYS

(Signed) Raymond C. Hamer M.D.

Address 1st Worcester Mass

Date Dec 18 1906

Place of Burial Mt Olivet cemetery

Date Dec 20 1906

Undertaker Gittler & Gittler

Address 1239 E Baltimore st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 96339 — Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 614 N Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret L Cox

{Residence, if in Baltimore, Give Street and Number.} 614 N Spring St

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Col

DATE OF BIRTH 1880

AGE 26 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Adam Campbell

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Fannie (last name)

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED House work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H Cox

Address 614 N Spring St

Filed 12/19 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 17 1906 that I last saw h r alive on Dec 16 1906, and that death occurred, on the date stated above, at 12 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Pneumonia

7 Weeks. (DURATION) DAYS

Contributory (Primary) Heart failure (DURATION) DAYS

(Signed) Arthur Hayward M.D.

Address 1207 E. Monument

Date Dec 17 1906

Place of Burial ~~Lancaster~~ Lancaster Co Va Harden Wharf

Date Dec 19 1906

Undertaker R F Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 10 — Registered No. B 96340

93

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph O'Neill

{ Residence, if in Baltimore, Give Street and Number. } 410 E Monument St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 36 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): North Carolina

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Malinda O'Neil

(Address) 410 Short St

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 18 1906

that I last saw h~~im~~ alive on Dec 18 1906,

and that death occurred, on the date stated above, at 7 25 a~~m~~.

CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Dec 18 1906

Place of Burial Laurel

Date Dec 20 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 5 — 96341 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 502 Short St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank Wilson

{Residence, if in Baltimore, Give Street and Number.} 502 Short St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B

DATE OF BIRTH 1

AGE 56 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) His Wife

(Address) 502 - Short St -

Filed 12/19 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 5½ a m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease
Sudden

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) Leigh Cauthen M.D.

Address Carrollton Ave

Date Dec 19 - 06 1906

Place of Burial Mt Olivet

Date Dec 21 1906

Undertaker W J Elliott

Address 502 Regent Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 96342 — Registered No. [illegible]

CERTIFICATE OF DEATH.

8

(Place of Death.) No. 314 Belt st

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Jones

{ Residence, if in Baltimore, Give Street and Number. } 314 Belt St

Duration of Residence in Baltimore: Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Jan 18 1905

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Edward Jones

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary Duglus

BIRTHPLACE OF MOTHER (State or country): born in Pennsylvania

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father Edward Jones

(Address) 314 Belt St

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 18 1906

that I last saw him alive on Dec 18 1906,

and that death occurred, on the date stated above, at 10.30 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Died from a Ruptured and Lobular Pneumonia caused by Whooping Cough Pertussis (DURATION) 18 DAYS

Contributory (Primary.) Pertussis

B 2 & 3 weeks (DURATION) DAYS

(Signed) Haughton Bayless M.D.

Address 2[illegible] E Lanvale

Date Dec 18 1906

Place of Burial Laurel Cemetery

Date December 19 1906

Undertaker Robert A Elliott

Address 506 Ropers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — Registered No. 9[illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 1929 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs. Mattie S. Hayden

{Residence, if in Baltimore, Give Street and Number.} 1929 E. Monument Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 11 1903

AGE: 3 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Wm. S. Hayden

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mary L. Smith

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. S. Hayden

(Address) 1929 E. Monument Ave

Filed 12/19 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1906 to Dec 18th 1906

that I last saw h[illegible] alive on Dec 18th 1906

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Malignant Dysentery

(DURATION) 6 DAYS

Contributory (Primary.) Septic Sore Throat

(DURATION) 2 DAYS

(Signed) Edward Pattison M.D.

Address 248 Aisquith

Date Dec 18th 1906

Place of Burial Baltimore Cemetery

Date Dec 19 1906

Undertaker Robt J. Timmons

Address 69 Hoy. Toldson

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 96344 — Registered No.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1231 N Calvert St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Mifflin Hood

{Residence, if in Baltimore, Give Street and Number.} 1231 N Calvert St

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 5 1843

AGE: 63 years, 8 months, 12 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Bowling Green, Howard Co

FULL NAME OF FATHER: John Mc Benjamin Hood

BIRTHPLACE OF FATHER (State or country): Bowling Green, Howard Co

MAIDEN NAME OF MOTHER: Hannah Coulter

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: President United Railways & Electric Co

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Mifflin Hood Jr

(Address) Baltimore City

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec ~~15th~~ 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9th 1906 to Dec ~~15th~~ 17th 1906 that I last saw him alive on Dec 17 1906, and that death occurred, on the date stated above, at 7.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris -

(DURATION) 8 DAYS

Contributory (Primary.) Arteriosclerosis

12 months - (DURATION) DAYS

(Signed) Wilbur P. Morgan M.D.

Address 315 N. Monument St

Date Dec 17th 1906

Place of Burial Druid Ridge Cem

Date Dec 20th 1906 190

Undertaker Hess Jenkins Undertaking Co

Address 233 & Sarato[illegible] St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 96345 Registered ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 1743 Orleans Street St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Charlotte Thrower

{ Residence, if in Baltimore, Give Street and Number. } Dec above

Duration of Residence in Baltimore. Life-time 96345

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: — — 1

AGE: 18 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Robert Thrower

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Ellen Ruff

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robert Thrower

(Address) 1743 Orleans St

Filed 12/19/06

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 18 1906 that I last saw h.. alive on Dec. 18 1906, and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute Tuberculosis

About 1 year (DURATION) DAYS

Contributory (Primary.) Exposure

— (DURATION) — DAYS

(Signed) Edw. Schaller M.D.

Address 1232 E. Hill Ave

Date Dec 19 1906

Place of Burial Laurel

Date Dec 20th 1906

Undertaker W. T. Gallatin

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96345 Registered ...

CERTIFICATE OF DEATH.

(Place of Death.) No. 941 Harford Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Quirke

{ Residence, if in Baltimore, Give Street and Number. } 941 Harford Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: Unknown 1879

AGE: 27 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Patrick Quirke

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Margaret —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Quirke

(Address) 941 Harford Ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Dec 18th 1906

that I last saw h er alive on Dec 18th 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Brights Disease

two or three months (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno. Bruce Bayless M.D.

Address 1001 N. Calvert St.

Date Dec 19th 1906

Place of Burial New Cathedral

Date Dec 20th 1906

Undertaker M. Fahey & Son

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT. CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96347

City of Baltimore, (No. 1714 N. Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William W. High

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: March 29 (Month) (Day) 1848 (Year)

AGE: 58 years, 8 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm High

BIRTHPLACE OF FATHER (State or country): Dont know

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Dont Know

OCCUPATION OF DECEASED: Police Officer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard High

(Address) 1424 Ramsay st

Filed 12/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 18th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec 18th 1906

that I last saw him alive on Dec 17th 1906

and that death occurred, on the date stated above, at 4.40 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage
Asthenia.

.....(DURATION) ..... DAYS

Contributory .....

.....(DURATION) ..... DAYS

(Signed) John T. McCarthy M. D.

Dec 19 1906 (Address) 656 W Franklin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park Cem.

DATE OF BURIAL: Dec 21 1906

UNDERTAKER: Harry W. Ellen

ADDRESS: 1944 W. Northern

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTME[illegible] of Baltim[illegible]

Ward 8 — 96348 — Registered No. B 96348

CERTIFICATE OF DEATH.

(Place of Death.) No. 1810 N. Collington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lena Preisinger

{Residence, if in Baltimore, Give Street and Number.} 1810 N Collington ave

Duration of Residence in Baltimore. 18 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Dec 21st 1866	
AGE 39 years, 11 months, 26 days	
~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~	
BIRTHPLACE (State or country) Germany	
FULL NAME OF FATHER Henry Hebold	
BIRTHPLACE OF FATHER (State or country) Germany	
MAIDEN NAME OF MOTHER Dont Know	
BIRTHPLACE OF MOTHER (State or country) Germany	
OCCUPATION OF DECEASED Hous Wife	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Husband

(Address) 1810 Collington ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1906 to Dec 18th 1906

that I last saw h. alive on Dec 17th 1906

and that death occurred, on the date stated above, at 9.30 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 7 DAYS

Con'ributory (Primary.) Prostration (DURATION) 1 DAYs

(Signed) Chas L. Buddenbohn M.D.

Address 418 S. Paca St.

Date Dec 19th 1906

Place of Burial Baltimore

Date Dec 20 - 1906

Undertaker H. C. Wiedefeld

Address 914 Greenmit Ave

WM. J. C. DULANY CO., BALTIMORE.

Dr Buddenbohn 418 S Paca St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96349

City of Baltimore, (No. 1326, Wist St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Bowes

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... (Month) ..... 1 (Day) ..... Year)

AGE: 78 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Dennis Whalen

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Patrick A Bowes

(Address) 721 Colvin Place

Filed 12/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Dec 18 1906 that I last saw h er alive on Dec 18 1906, and that death occurred, on the date stated above, at 1 P. M. The CAUSE OF DEATH was as follows:

Senile Degeneration Cord
Arterial Sclerosis
(DURATION) ..... DAYS

Contributory Haemoptysis + Exhaustion (DURATION) 4 DAYS

(Signed) J. H. Robinson M. D.

Dec 18 1906 (Address) 726 E Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: St Marys Govans — DATE OF BURIAL: Dec 21 1906

UNDERTAKER: H. C. Wiedefeld — ADDRESS: 914 Gwynn Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

96350

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 N. Gay St.

If Death occurred in Hospital or Institution give Its Name instead of Street and Number.

Full Name Nicholas Mueller

{Residence, if in Baltimore, Give Street and Number.} 1217 N. Gay st

Duration of Residence in Baltimore. 43 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH February 25 1843

AGE 63 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Laborer as Truckman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Mueller

(Address) 1217 N. Gay st

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 18 1906 - that I last saw h im alive on 18 1906 and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Ford Wharton M.D.

Address 1721 Eastern Ave

Date Dec 18. 1906. 1906

Place of Burial Mt Carmel Cemetary

Date DEC 21 1906 1906

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 95351

CERTIFICATE OF DEATH.

(Place of Death.) No. 1801 Orleans St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jno. C. Fetsch,

{ Residence, if in Baltimore, Give Street and Number. } 1801 Orleans St.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 8 1905

AGE: 1 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Frederick Fetsch

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Emma B. Pattison

BIRTHPLACE OF MOTHER (State or country): N.C.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Emma B. Fetsch.

(Address) 1801 Orleans st.

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1906 to Dec 19th 1906

that I last saw him alive on 11, 1906,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

Abduct (DURATION) 3 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. L. Fuchs, M.D.

Address 504 S. Paca St.

Date Dec. 19th 1906.

Place of Burial M.E. Cemetery

Date DEC 20 1906 190

Undertaker Wm. J. Fry,

Address 831 N. BROADWAY.

10 A.M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96352 — Registered No. B.

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eugene Armstrong

{Residence, if in Baltimore, Give Street and Number.} 707 N. Eden st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Sapp

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): ?

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. State

(Address) BAY VIEW ASYLUM

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1906 to Dec. 18 1906

that I last saw h[e] alive on Dec 18 1906

and that death occurred, on the date stated above, at 7.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic diffuse Nephritis, Arteriosclerosis

1 y. Uremia (DURATION) DAYS

Con'ributory (Primary) Pulmonary Thrombus (DURATION) DAYS

(Signed) Howard Nicholson M.D.

Address Bay View Hospital

Date Dec. 17 — 1906

Place of Burial M E Cemetery

Date DEC 21 1906 190

Undertaker Wm. O. Ely

Address 701 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96353 Registered No. B 96353

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CERTIFICATE OF DEATH.

(Place of Death.) No. 727 E. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ella Elizabeth Brady

{Residence, if in Baltimore, Give Street and Number.} 727 E. Hoffman St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1876

AGE 30 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Frank Harford

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER dont Know

BIRTHPLACE OF MOTHER (State or country) dont Know

OCCUPATION OF DECEASED Houswife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Wm Carey

(Address) 1106 Linden Ave

Filed 12/19 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 18 1906

that I last saw her alive on Dec 17 1906

and that death occurred, on the date stated above, at 6

6 M. CAUSE OF DEATH (Secondary or Immediate.)

Pregnancy, with the Child dead in Uterd

(DURATION) 4 DAYS

Con'tributory (Primary.) Eclampsia

(DURATION) 2 DAYS

(Signed) James M Fenlow M.D.

Address 702 E Chase St

Date Dec 18 1906

Place of Burial Cathedral

Date Dec 21 1906

Undertaker H. C. Windfield

Address 914 Gruntly Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore. 96354

Ward ..... 96354 Registered No. B 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 N. Biddle St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Henry C. Croft

{Residence, if in Baltimore, Give Street and Number.} 7 N. Biddle St.

Duration of Residence in Baltimore. 27 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 3 1843

AGE 63 years, 7 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Penna

FULL NAME OF FATHER Ashley Croft

BIRTHPLACE OF FATHER (State or country) Penna

MAIDEN NAME OF MOTHER Ellen Forry

BIRTHPLACE OF MOTHER (State or country) Penna

OCCUPATION OF DECEASED Druggist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Henry C. Croft

(Address) 7 N. Biddle St

Filed 12/19 1906. HARRY C. ANDRESS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17th 1906

I HEREBY CERTIFY, That I attended deceased from April 1906 to December 17 1906

that I last saw him alive on December 17 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate)

Angina Pectoris

(DURATION) DAYS

Con'tributory (Primary) Arterial sclerosis

(DURATION) DAYS

(Signed) Hall Richardson M.D.

Address 819 Park Av

Date December 17th 1906

Place of Burial York Pa. ✓

Date Dec 21st 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave ✓

WM. J. C. DULANY CO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96355

Registered No. B .....

City of Baltimore, (No. 1218 W. Mt. Royal Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Victorine Fannie Homer -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Mch (Month) 24 (Day) 1826 (Year)

AGE: 80 years, 8 months, 25 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Gibralter

FULL NAME OF FATHER: Horatio Sprague

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Victorine Flechelle

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) Boston Mass.

Filed 12/14 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 19, 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 10 1906 to Dec 19, 1906 that I last saw her alive on Dec 18 1906, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 DAYS

Contributory —

(DURATION) ..... DAYS

(Signed) J. G. Luetcher M. D.

190 (Address) 1025 Madison Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Boston Mass

DATE OF BURIAL: Dec. 20 1906

UNDERTAKER: Evans & Spence

ADDRESS: 1184 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10

Registered No. B 96356

96356

CERTIFICATE OF DEATH.

(Place of Death.) No. 1033 N Gay St

Ward 26

Dist. (If Hospital or Institution, give its Name instead of Street and Number)

Full Name Edna Eldridge

{Residence, if in Baltimore, Give Street and Number.} 1033 N Gay St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 12 1888

AGE: 18 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm H Eldridge Jr

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Emma Washburg

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Price

(Address) 1033 N. Gay St

Filed 12/19 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1 1906 to Dec 18 1906

that I last saw her alive on Dec 17 1906

and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate.)

Duration 28 days

Con'tributory (Primary.) Pneumonia

(Duration) 1 day

(Signed) G B Glass M.D.

Address 1143 N Broadway

Date Dec 18 1906

Place of Burial Loudon Park

Date December 21st 1906

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96357

Ward D 96357 Registered No. B 160

CERTIFICATE OF DEATH.

(Place of Death.) No. Under Viaduct Bridge Guilford Ave. & Lanvale St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. F. Warner

{Residence, if in Baltimore, Give Street and Number.} 1 Hooker Ave

Duration of Residence in Baltimore. 9 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH May 22 1858

AGE 48 years, 8 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Co

FULL NAME OF FATHER H. Warner

BIRTHPLACE OF FATHER (State or country) Balto Co

MAIDEN NAME OF MOTHER Lusk

BIRTHPLACE OF MOTHER (State or country) Balto Co

OCCUPATION OF DECEASED Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Ann Warner

(Address) 1 Hooker

Filed 12/20/ 1906 HARRY O. ANDREWS, PERRY POLLEY, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17" 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 ....., and that death occurred, on the date stated above, at about 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Internal Hemorrhage, resulting from Rupture of Liver, fracture of 7 ribs, left jaw, (DURATION) ..... DAYS

Contributory (Primary) due to fall from Viaduct Bridge (DURATION) ..... DAYS

(Signed) Lewis Lightenwood M.D.

Address 1818 N. Charles

Date Dec 19 1906

Place of Burial Clark's Balto Co

Date Dec 20 1906

Undertaker N. S. Marshall

Address 3539 Falls Road

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96358

Registered No. B

City of Baltimore, (No. 511 N. Poms St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

FULL NAME Eliza Ellen Murray

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: June 1 (Month) (Day) 1846 (Year)

AGE: 60 years, 6 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: Henry Norman

BIRTHPLACE OF FATHER (State or country): Calvert Co. Md.

MAIDEN NAME OF MOTHER: Cantrell

BIRTHPLACE OF MOTHER (State or country): Calvert Co. Md.

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Benj. Murray

(Address) 334 N Bruce St

Filed 12/20 1906

HARRY C. ANDREWS.
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 18 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 18 1906 that I last saw her alive on Dec 17 1906, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Acute Brights Disease of Kidney (DURATION) 90 DAYS

Contributory Convulsions (DURATION) 3 DAYS

(Signed) G. W. Waters M.D.

Dec 19 1906 (Address) 1703 W Lafayette

SPECIAL INFORMATION on for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem | DATE OF BURIAL: Dec 20 1906

UNDERTAKER: John H. Todd | ADDRESS: 142 W. Hill St ✓

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

96359

Registered No. B

City of Baltimore, (No. 406 N Carey St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christina C Jiams

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH (Month) (Day) (Year)	~~Dec~~ ~~28~~ 1833
AGE	50 years, 11 months, 22 days
SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED	Married
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Thomas Gessell
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) G. L. Truxe

(Address) 1128 N. Carey St

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) 12 (Day) 19 (Year) 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 6 1906 to Dec 19 1906

that I last saw h alive on Dec 19 1906,

and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis of Lungs
Tuberculosis of Larynx

Of Lungs (DURATION) 2 Years

Contributory Of Larynx

Of Larynx (DURATION) 30 DAYS

(Signed) J. E. Plumb M. D.

Dec 20 1906 (Address) 1227 N. Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 22 1906
UNDERTAKER	ADDRESS
H. E. McKenrick	Eastern Ave & Patterson Park

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *twenty-four hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward [illegible] 96360 Registered No. B 96360

CERTIFICATE OF DEATH.

10

(Place of Death.) No. ~~Levey~~ 2104 E Fayette St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name ~~George~~ Henry C. Smith

{Residence, if in Baltimore, Give Street and Number.} 2104 E Fayette St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Sept. 20 1844

AGE: 62 years, 2 months, 27 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Jas. W. Smith

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Margaret McMurray

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED: Millworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 2104 E. Fayette St.

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 17 1906 that I last saw him alive on Dec 17 1906, and that death occurred, on the date stated above, at 10 P.M. CAUSE OF DEATH (Secondary or Immediate)

A malignant attack of grip Bronchial pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Respiratory failure

(DURATION) DAYS

(Signed) C. G. Rinehart M.D.

Address 2000 E Baltimore St

Date December 17 1906

Place of Burial Baltimore Cemetery

Date December 20th 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 — 96361 — Registered No. B 96361

CERTIFICATE OF DEATH.

(Place of Death.) No. Lying-in Hospital Univ. of Md. St. Paul & Lombard

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant Etta Shapiro

{ Residence, if in Baltimore, Give Street and Number. } 263 East St

Duration of Residence in Baltimore. 2 days

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 15 1906

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Louis Shapiro

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Etta Markerson

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Shapiro

(Address) 263 East st

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 16 1906

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Dec 16 1906, that I last saw him alive on Dec 16 1906, and that death occurred, on the date stated above, at 4:30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia

(DURATION) DAYS

Contributory (Primary.) Premature infant

(DURATION) DAYS

(Signed) P. O Dees M.D.

Address 622 N. Lombard st

Date 190

Place of Burial Philip Rd Roas Dale

Date Dec 19 1906

Undertaker Mert Levinson

Address 1138 Lond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 96362

City of Baltimore, (No. 1405 E Pratt St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dobe Josephsky

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE ..... years, 2 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Baby

BIRTHPLACE (State or country) 1403 E Pratt St City

FULL NAME OF FATHER Jac Josefskis

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Rosse Misen

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) By Father

(Address) 1405 E Pratt St

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 20 1906

that I last saw h ..... alive on Dec 20 1906,

and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 20 DAYS

Contributory Convulsions

(DURATION) 5 DAYS

(Signed) J W Lubchansky M. D.

Dec 20 1906 (Address) 1403 E Pratt St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Odd Fellows Cemetery	Dec 20 1906
UNDERTAKER	ADDRESS
Max Levinson	1138 Lou St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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96363

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96363

Registered No. B.....

City of Baltimore, (No. 416 E Ensor St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Leiba Pollack

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR White

DATE OF BIRTH ..... 1 (Month) (Day) Year)

AGE 70 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Jossel Pollack

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Wasserman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Cap Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Pollack

(Address) 146 W Fraser St

Filed 12/20 1906 HARRY C. ANDREES, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec Dec 20 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 20 1906

that I last saw h..... alive on Dec 20 1906,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

.....(DURATION) ..... DAYS

Contributory Diabetes Chronic

.....(DURATION) 3 DAYS

(Signed) J W Ewbank M. D.

Dec 20 1906 (Address) 1102 Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Pikesville Woodlawn	Dec 20 1906
UNDERTAKER	ADDRESS
Mont Levinson	1138 Druid

WM. J. C. DULANY CO., Baltimore

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96364 Registered No. B 96364

CERTIFICATE OF DEATH.

(Place of Death.) No. 1305 Greenmount Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Morgan L. Rosier

{ Residence, if in Baltimore, Give Street and Number. } 1305 Greenmount Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Co

FULL NAME OF FATHER: Wm Rosier

BIRTHPLACE OF FATHER (State or country): Baltimore Co.

MAIDEN NAME OF MOTHER: Annie

BIRTHPLACE OF MOTHER (State or country): Baltimore Co

OCCUPATION OF DECEASED: Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie E. Rosier

(Address) 1305 Greenmount Ave

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 19 1906 that I last saw h~~im~~ alive on Dec 19 1906, and that death occurred, on the date stated above, at 12 ~~M~~.

I. CAUSE OF DEATH (Secondary or Immediate)

Typhoid Fever

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W. W. Peace M.D.

Address 1238 Greenmount Ave

Date Dec 19th 1906

Place of Burial Druid Ridge Cem

Date Dec. 23. 1906

Undertaker Wm Cook

Address 502 E Hartford Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

91

CERTIFICATE OF DEATH.

Registered No. B 96365

City of Baltimore, (No. 1408 N. Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charlotte A. Stone.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1st May 1844 (Month) (Day) 1 (Year)

AGE: 62 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. F. V. Stone

(Address) 1408 N. Fulton Ave

Filed 12/20 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1906 to Dec. 18 1906.

that I last saw her alive on Dec 18 1906,

and that death occurred, on the date stated above, at 5 A. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis.

(DURATION) 13 DAYS

Contributory

(DURATION) DAYS

(Signed) J. W. C. Cuddy M. D.

Dec. 19 1906 (Address) 937 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cem

DATE OF BURIAL: Dec. 21 1906

UNDERTAKER: Wm Cook

ADDRESS: 102 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 95366 Registered No. B

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 1826 Edmondson Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Margaret Kent Sutherland

{Residence, if in Baltimore, Give Street and Number.} 1826 Edmondson Av

Duration of Residence in Baltimore. 40 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 18 1821

AGE: 85 years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent Co. Md

FULL NAME OF FATHER: Dan. Collins

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Eliz. Claypool

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs S. Southerland

(Address) W Mmington Del

Filed 12/20/1906 MARK C. ABBOTT'S PENCIL [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 18 1906

I HEREBY CERTIFY, That I attended deceased from June 3 1904 to Dec. 18 1906 that I last saw her alive on Dec 18 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Aortic Stenosis & (senility)

unknown (DURATION) DAYS

Contributory (Primary) Heart dilatation with resultant dropsy

unknown (DURATION) — DAYS

(Signed) John D. King M.D.

Address 1425 Eutaw Place

Date Dec. 20 1906

Place of Burial Baltimore Cem

Date Dec. 20 — 1906

Undertaker E Madison Mitchell

Address 1201 W Fayette St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE

Ward 4 — 96367 — Registered No. B 96367

CERTIFICATE OF DEATH.

176

(Place of Death.) No. Univ of Maryland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Downey

{Residence, if in Baltimore, Give Street and Number.} Westport

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: Ireland

DATE OF BIRTH:

AGE: 29 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: James Downey

BIRTHPLACE OF FATHER (State or country): Hagers town

MAIDEN NAME OF MOTHER: Margaret Mathews

BIRTHPLACE OF MOTHER (State or country): Harford Co Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fr Name Downey

(Address) 1030 Nelson St

FILED 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 18 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at a.m.

CAUSE OF DEATH (Secondary or Immediate) Blood poison from bullet shot through the stomach, August Dec 18th 06 (DURATION) DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J D Elliott M.D. Coroner

Address 211 W. Lanvale

Date Dec 19th 1906

Place of Burial Mt Olivet

Date Dec 21 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

50

CERTIFICATE OF DEATH.

Registered No. B 96368

City of Baltimore, (No. 2213, Wilkens Ave St.; 20th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mrs Jennie Kaufman

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: May (Month) 10 (Day) 1836 (Year)

AGE: 70 years, 7 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. J. Kaufman

(Address) 221 N Wilkens Ave

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 18th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 3 1906 to Dec 18 1906

that I last saw her alive on Dec 18 1906,

and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

Diabetes

3 years + (DURATION) ~~DAYS~~

Contributory Renal Insufficiency

unknown (DURATION) DAYS

(Signed) C. C. McDowell M. D.

Dec 19 1906 (Address) 1521 W. Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: London Park Cemetery

DATE OF BURIAL: 12/21 1906

UNDERTAKER: F B. Kuhnert

ADDRESS: 2238 Frederick Ave

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96369 Registered No. B 96369

10

CERTIFICATE OF DEATH.

(Place of Death.) No. 2613 Eastern Av St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Arthur Ernest Reinisch

{ Residence, if in Baltimore, Give Street and Number. } 2613 Eastern av

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 11th 1905

AGE: 1 years, 5 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry Reinisch

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Estella Givens

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Reinisch

(Address) 2613 Eastern Ave

Filed 12/20 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 18th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10th 1906 to Dec 18 1906

that I last saw him alive on Dec 17 1906,

and that death occurred, on the date stated above, at 6:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) La Grippe

(DURATION) 4 DAYS

(Signed) Albertus Cotton M.D.

Address 1828 E. Balto St

Date Dec - 18th 1906

Place of Burial Mt Carmel Cem

Date Dec. 21st 1906

Undertaker H. SANDER & SONS,

Address 1708-1710 Canton Avenue, S. E. Cor. Broadway & Baltimore St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward V 96370 Registered No. B 96370

CERTIFICATE OF DEATH.

(Place of Death.) No. 509 S. Bethel St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Marie Nordheimer

{Residence, if in Baltimore, Give Street and Number.} 509 S Bethel St 15V

Duration of Residence in Baltimore. Life (Nordheimer)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE — years, — months, 10 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Cely

FULL NAME OF FATHER Augusta Nordheimer

BIRTHPLACE OF FATHER (State or country) Cely

MAIDEN NAME OF MOTHER Francis Stemmer

BIRTHPLACE OF MOTHER (State or country) Cely

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Nordheimer

(Address) 509 S. Bethel St

Filed 12/20 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1906 to Dec. 18 1906

that I last saw h— alive on " 18 1906

and that death occurred, on the date stated above, at 3 20 P. M.

CAUSE OF DEATH (Secondary or Immediate).

Umbilical Hemorrhage

1 (DURATION) DAYS

Contributory (Primary) Exhaustion

(DURATION) DAYS

(Signed) C. E. Neer M.D.

Address 619 Park Ave

Date Balto. Dec 19 1906

Place of Burial COLLEGE OF P. & S

Date DEC 19 1906

Commissioner Health,

Undertaker

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

24 3

Ward 24 — 96371 — Registered No. B

CERTIFICATE OF DEATH. 96371.

(Place of Death.) No. 1125 William St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew N. Neff 12

{ Residence, if in Baltimore, Give Street and Number. } 1125 William

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male. COLOR: White.

DATE OF BIRTH: Sept 29 1904

AGE: 2 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Andrew Neff.

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa. Balto ?

MAIDEN NAME OF MOTHER: Annie L. Fogg

BIRTHPLACE OF MOTHER (State or country): Balto Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Neff.

(Address) 1125 William St.

Filed Dec 21 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 18 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1906 to Dec 18 1906 that I last saw him alive on Dec 17 1906, and that death occurred, on the date stated above, at 10 30 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsion

(DURATION) DAYS

Contributory (Primary.) Bronchial

Caused (DURATION) DAYS

(Signed) J. Theo Brooks M.D.

Address 1228 E. Chase

Date Dec. 19 1906

Place of Burial Ft Alfred

Date Dec. 21 1906

Undertaker E. Clark.

Address 110 E West St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward 12 96372 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert L. Smith

{ Residence, if in Baltimore, Give Street and Number. } 1900 Light St.

Duration of Residence in Baltimore. 7yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX	m.
COLOR	W.
DATE OF BIRTH	Dec. 1867
AGE	39 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	m.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	C W. Smith
BIRTHPLACE OF FATHER (State or country)	New Jersey
MAIDEN NAME OF MOTHER	Sally Singer
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Smith wife

(Address) 1900 Light st.

Filed 12/20/ 1906 HARRY C. T. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov 29 1906 to Dec 19 1906

that I last saw him alive on Dec 19 1906

and that death occurred, on the date stated above, at 5:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

General Peritonitis.

(DURATION) 4 DAYS

Contributory (Primary.) Typhoid fever.

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date December 19 1906

Place of Burial Belair Md

Date Dec 21 1906

Undertaker Jos. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96373

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 408, E. Lafayette ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edward Bacon

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	October 28 1906 (Month) (Day) (Year)
AGE	years, 1 months, 22 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Joseph E. Bacon
BIRTHPLACE OF FATHER (State or country)	Baltimore city
MAIDEN NAME OF MOTHER	Nellie Murphy.
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph E. Bacon

(Address) 408 E. Lafayette ave

Filed 12/20/1906 HARRY O. MORRIS, PROTHONOTARY Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 28, 1906 to Dec 19, 1906, that I last saw him alive on Dec 19, 1906, and that death occurred, on the date stated above, at 3.35 P.M. The CAUSE OF DEATH was as follows:

Tuberculosis

Lifetime (DURATION) DAYS

Contributory (DURATION) DAYS

(Signed) A. A. Clements, M.D.

Dec 20, 1906 (Address) 1741 Hartford ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 20 1906
UNDERTAKER	ADDRESS
C. A. Wedefeldt	211 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 96374

CERTIFICATE OF DEATH.

(Place of Death.) No. 1018 N. Central Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gertrude G Sowe

{Residence, if in Baltimore, Give Street and Number.} 1018 N Central ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug. 31 97 1883

AGE: 23 years, 3 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John F. Barranger

BIRTHPLACE OF FATHER (State or country): City

MAIDEN NAME OF MOTHER: Christina Schuel

BIRTHPLACE OF MOTHER (State or country): City

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John F. Barranger

(Address) 1018 N. Central Ave

Filed Dec 20 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18th 1906

I HEREBY CERTIFY, That I attended deceased from Sept 30th 1906 to Dec 17th 1906

that I last saw h e alive on " 1906,

and that death occurred, on the date stated above, at a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary & Laryngeal Tuberculosis

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. S. Fischer M.D.

Address 9.6. Bufelle St.

Date Dec 18th 1906

Place of Burial Holy Redeemer Cem

Date Dec. 21 " 1906

Undertaker Henry Stockslager

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

104

CERTIFICATE OF DEATH. 96375

Registered No. B.....

City of Baltimore, (No. 1 Jenkins Lane St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Jan 15 (Month) (Day) 1905 (Year)

AGE: 1 years, 9 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: John Johnson

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Louisa Shuder

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Dec 11 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from December 18, 1906 to December 19 1906

that I last saw him alive on Dec 19, 1906,

and that death occurred, on the date stated above, at 5.30

M. The CAUSE OF DEATH was as follows:

Acute Gastritis

(DURATION) one DAYS

Contributory Infantile Convulsions

(DURATION) 4 hours

(Signed) P. E. Filly M. D.

Dec 20 1906 (Address) 2 or 6 Cumnell

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Emanuels Cemetary

DATE OF BURIAL: Dec 21 1906

UNDERTAKER: Louis Heermann

ADDRESS: 6 S Caroline St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 96376 — Registered No. B 96376

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 112 S. Castle St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Schirmer

{Residence, if in Baltimore, Give Street and Number.} 112 S Castle St

Duration of Residence in Baltimore. 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Feb. 25 1836

AGE: 71 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Schirmer

(Address) 112 S. Castle St.

Filed Dec 22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 19 1906

I HEREBY CERTIFY, That I attended deceased from December 14 1906 to December 19 1906

that I last saw him alive on December 18 1906,

and that death occurred, on the date stated above, at 3.30 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 1 DAYS

Contributory (Primary.) Prostration (DURATION) 2 DAYS

(Signed) Th. E. Buddenbohn M.D.

Address 418 S. Paca St.

Date December 19 1906

Place of Burial Holy Redeemer

Date Dec. 22 1906

Undertaker Jos. J. Merz

Address 1914 E Fayette St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 [illegible]

Registered No. B

CERTIFICATE OF DEATH.

96377

(Place of Death.) No. 646 Han St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 153

Full Name Emily Clark

{ Residence, if in Baltimore, Give Street and Number. } 646 Han St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: F | COLOR: Colord

DATE OF BIRTH: 1

AGE: ..... years, 1 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): B

FULL NAME OF FATHER: Jas Clark

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emily Clark

(Address 646 Han St

Filed Dec 20 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 to Dec 19 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Patrick J Harlow M.D.

Address 608

Date Dec 20 1906

Place of Burial Mt Zion Cemetery

Date Dec 20 1906

Undertaker Wm H Hooper

Address 609 Little Paca St

WM. J. C. DULANY CO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 96378 Registered No. B 96378 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 Roland Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Vernon L Holden

{ Residence, if in Baltimore, Give Street and Number. } 238 Roland ave Balto.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 26 1906

AGE ..... years, 5 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER John Sandwood Holden

BIRTHPLACE OF FATHER (State or country) Warwick Cecil Co

MAIDEN NAME OF MOTHER Ida Allbright

BIRTHPLACE OF MOTHER (State or country) Pennsylvania. Pa

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Sandwood Holden

(Address) 238 Roland Ave

Filed Dec 6 1906 Registrar

✓ 702

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 17 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 17 1906

that I last saw h[illegible] alive on Dec 17 1906,

and that death occurred, on the date stated above, at 7 M. CAUSE OF DEATH (Secondary or immediate)

Meningitis

(DURATION) 11 DAYS

Con'tributory (Primary.)

Measles (DURATION) 6 DAYS

(Signed) H. W. Fay M.D.

Address 12 E. 25th St. ✓

Date Dec 19 — 1906

Place of Burial Warwick Cecil County, Md

Date Dec 21st 1906

Undertaker W Edwin Chenowith & Son

Address 919 Third ave Hampden City

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 96379 Registered No. B 96379

CERTIFICATE OF DEATH.

177

(Place of Death.) No. 743 Ryan St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Young

{ Residence, if in Baltimore, Give Street and Number. } 743 Ryan St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F
COLOR	W
DATE OF BIRTH	1
AGE	..... years, 4 months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Jno. Young
BIRTHPLACE OF FATHER (State or country)	Md
MAIDEN NAME OF MOTHER	Della Saunders
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno Young

(Address) 743 Ryan St.

Filed 12/21 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Laceration

(DURATION) ..... DAYS

Con'tributory (Primary.)

(DURATION) ..... DAYS

(Signed) Patrick F. Martin M.D.

Address Coroner

Date Dec 20 1906

Place of Burial Mt Auburn

Date Dec. 21 1906

Undertaker Jno. A. Toadvine

Address 1921 Hillen St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14th 96380 Registered No. B 96380

CERTIFICATE OF DEATH.

(Place of Death.) No. 546 McMechen St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charlotte Dorsey

{Residence, if in Baltimore, Give Street and Number.} 546 McMechen Street

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Howard Co. Md

FULL NAME OF FATHER Frederick Johnson

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Charlotte Johnson

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary F Gray

(Address) 546 McMechen St

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 14th 1906 to Dec 19th 1906 that I last saw her alive on Dec 19th 1906 and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Contributing

(DURATION) DAYS

Con tributory (Primary) Acute Hepatitis & Nephritis (DURATION) 35 DAYS

(Signed) J. Marcus Carpico M.D.

Address 430 W. Biddle Street

Date December 18th 1906

Place of Burial Mt Auburn Cemetery

Date Dec 21 1906

Undertaker Alex H. Armsby

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 96381

City of Baltimore, (No. 1304 E Lexington St.; 5 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline Allen.

PERSONAL AND STATISTICAL PARTICULARS

SEX	F
COLOR	W.
DATE OF BIRTH	July 1 1858 (Month) (Day) (Year)
AGE	48 years, 5 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Baltimore.
FULL NAME OF FATHER	Henry Kroxman.
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Caroline Hammel
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Ho W

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Aleph B Whitehead

(Address) 1245 Madison St

Filed 12/21 1906 HARRY C. ANDREWS, Registrar

PERMIT CLERK

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 1906 to Dec 19 1906

that I last saw her alive on Dec 19 1906,

and that death occurred, on the date stated above, at 6 30 A.M. The CAUSE OF DEATH was as follows:

Apoplexy

Neuralgia (DURATION) 9 DAYS

Contributory Sudden Death Hours/Days

(Signed) Aleph B Whitehead M. D.

Dec 19 1906 (Address) 1245 Madison St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Dec 21 1906
UNDERTAKER	ADDRESS
E. J. Fanning	1938 E Lafayette

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 96382 Registered No. B 96382

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number) 19

Full Name Margaret Norton

{Residence, if in Baltimore, Give Street and Number.} 1438 Henry St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Unknown 1

AGE 49 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dr Dorsey

(Address) City Hospital.

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 17 1906 to Dec. 18 1906

that I last saw her alive on Dec. 18 1906

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of Heart

(DURATION) — DAYS

Contributory (Primary.) Valvular

Disease of Heart (DURATION) — DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date December 19th 1906

Place of Burial New Cathedral Cem

Date Dec 21st 1906

Undertaker Hy W. Jenkins & Sons Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96383

City of Baltimore, (No. 705 S. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Abraham Landsberg

PERSONAL AND STATISTICAL PARTICULARS

SEX: Boy | COLOR: White

DATE OF BIRTH: Dec (Month) 17 (Day) 1906 (Year)

AGE: ..... years, ... months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph Landsberg

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Esther Sack

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Greenwood

(Address) 705 S. Charles St.

Filed 12/21 1906. HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from birth Dec 17 1906 to Dec 21 1906 that I last saw him alive on Dec 21 1906, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

Lobar (DURATION) 4 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) L. J. Lanaee M. D.

1906 (Address) 1740 E. Balto St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Pikesville Md. Rosedale | DATE OF BURIAL: Dec 24 1906

UNDERTAKER: Mark Levinson | ADDRESS: 1138 Lowe st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V 96384 Registered No. B 96384

CERTIFICATE OF DEATH.

(Place of Death.) No. 706 St. Peters St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name ~~John~~ John Miller

{Residence, if in Baltimore, Give Street and Number.} 706 St. Peters St.

Duration of Residence in Baltimore. 2½ years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June 19" 1903

AGE: 2 years, 6 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~~

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Anton Miller

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: ~~Kurzatiec~~

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Miller

(Address) 706 S Peters St

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 20 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 2 P M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 5 DAYS

Contributory (Primary.) Heart failure

(DURATION) DAYS

(Signed) J. M. Drewett M.D.

Address 621 Columbia Ave

Date Dec. 20 1906

Place of Burial St Stanislaus Cemy

Date Dec 21" 1906

Undertaker L S Finch

Address 2113 N Piatt St

1 P M.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96385

City of Baltimore, (No. 913 N. Hopkins Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Lolo. M. Britten

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Oct. (Month) 29 (Day) 1906 (Year)

AGE: — years, 1 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): 913 N. Hopkins Ave

FULL NAME OF FATHER: Chas W. Britten

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Ora L Wilcox

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. A Hellsinger

(Address) Ellicott City Md.

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 29 1906 to Dec 20 1906 that I last saw h Her alive on Dec 21 1906, and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Premature birth

Exhaustion from birth (DURATION) — DAYS

Contributory —

from birth (DURATION) — DAYS

(Signed) W. Ridgway Andrae M. D.

1906 (Address) —

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Vein Cemetery Howard Co Md	Dec 22 1906
UNDERTAKER: S. Hellsinger & Son	ADDRESS: Ellicott City Md

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 9 Registered No. B 96386

CERTIFICATE OF DEATH.

(Place of Death.) No. 1751 Mulliken St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Edmund Patterson

{Residence, if in Baltimore, Give Street and Number.} 1707 Mulliken st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Nov 20th 1906

AGE: ..... years, 1 month, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Warren H. Patterson

BIRTHPLACE OF FATHER (State or country): Somerset Co Md

MAIDEN NAME OF MOTHER: Lucretia Parry

BIRTHPLACE OF MOTHER (State or country): Somerset Co Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Warren H. Patterson

(Address) 1757 Mulliken St

Filed 12/21 1906

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20. 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21st 1906 to Dec 25 1906

that I last saw him alive on Dec 25 1906,

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Premature birth.
Inanition.

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) F. C. Goldsborough M.D.

Address Johns Hopkins Hospital

Date Dec 20. 1906

Place of Burial Laurel Cemetery

Date Dec 21st 1906

Undertaker Chas L. Bailey

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — Registered No. B 96387

CERTIFICATE OF DEATH.

(Place of Death.) No. 834 N Hayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Laura V Camden

{Residence, if in Baltimore, Give Street and Number.} 834 N. Hayette st.

Duration of Residence in Baltimore. Life

B-96387

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Nov 18 1841

AGE 60 years, 1 month, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER N. M. Crockett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Elizabeth Cross

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma A Taylor

(Address) 834 Hayette st.

Filed 12/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1906

I HEREBY CERTIFY, That I attended deceased from ~~Dec~~ Jan 6 1905 to Dec 17 1906

that I last saw h[illegible] alive on Dec 17 1906,

and that death occurred, on the date stated above, at 3 a M. CAUSE OF DEATH (Secondary or Immediate.)

Endocarditis &
Fatty Degeneration of Heart

2 years (DURATION) DAYS

Con'tributory (Primary.) General

Oedema & Ascites (DURATION) 1 DAYS

(Signed) J. E. Hinze M.D.

Address 855 Columbia ave

Date Dec 20 1906

Place of Burial London Park

Date Dec 22 1906

Undertaker J. B. Cook

Address 1003 W Balto St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or other person superintending the burial, a certificate notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

deceased, and the **cause and date of dea**[illegible]

full name, sex, age, condition (whether married or single) of the person

WM. J. C. DULANY CO., BALTIMORE.

Ward 7 — 96388 — Registered No. B 96388

CERTIFICATE OF DEATH.

(Place of Death.) No. 1010 S. Fremont Ave — (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Thomas H. Curtis 6.

{Residence, if in Baltimore, Give Street and Number.} 1010 S. Fremont Ave

Duration of Residence in Baltimore. 46 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Not known

AGE: 49 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Worcester Co Md

FULL NAME OF FATHER: William Curtis 6.

BIRTHPLACE OF FATHER (State or country): Calvert Co Md

MAIDEN NAME OF MOTHER: Rachael Selby 6.

BIRTHPLACE OF MOTHER (State or country): Worcester Co Md

OCCUPATION OF DECEASED: Oyster Shucker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Curtis 6 (Brother)

(Address) 1010 S Fremont Ave

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 to ..... 190 .....

that I last saw h.. alive on ..... 190 .....,

and that death occurred, on the date stated above, at 7.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) C. W. Wilkinson M.D.

Address Coroner

Date Dec 21 1906

Place of Burial Druid Cemetery

Date December 22nd 1906

Undertaker Isaiah L. Brown & Son.

Address 1108 W. Montgomery St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96389 Registered No. B 96389

154

CERTIFICATE OF DEATH.

(Place of Death.) No. 1217 E. Madison St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Meehan

{Residence, if in Baltimore, Give Street and Number.} 1217 E. Madison St

Duration of Residence in Baltimore. 55 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	March 16 1823
AGE	93 years, 8 months, 19 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	James Meehan
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Catherine Currid
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E. J. Meehan

(Address) 1217 E. Madison St

Filed 12/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15th 1906 to Dec 19th 1906

that I last saw him alive on Dec 18 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Age & infirmities

(DURATION) DAYS

Contributory (Primary) Intestinal mentis 5 D'S

(DURATION) DAYS

(Signed) Jno Burke Boyle M.D.

Address 1001 N. Calvert St.

Date Dec 20th 1906

Place of Burial Holy Cross

Date Dec 22 1906

Undertaker Robt J. Turner

Address Bway & Aliceanna

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 — 96390 — Registered No. B 96390

151

CERTIFICATE OF DEATH.

(Place of Death.) No. 2524, E. Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine Schaech

{Residence, if in Baltimore, Give Street and Number.} 2524, E. Baltimore St.

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Dec. 17 1906

AGE ..... years, ... months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Joseph Schaech

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Frances Ruddell

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Schaech

(Address) 2524 E Baltimore St

Filed 12/21 1906 HENRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1906 to Dec. 20 1906

that I last saw her alive on Dec. 19 1906

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Atelactasis pulmonum

(DURATION) 3 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date Dec. 20 1906

Place of Burial Sacred Heart

Date December 21 1906

Undertaker Wendell Dikfeldorf

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 96391 Registered No. B 96391

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 11 - Andrews Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Smith.

{ Residence, if in Baltimore, Give Street and Number. } 11 - Andrews Ave

Duration of Residence in Baltimore. 17 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH 1

AGE 17 years, — months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) Maryland.

MAIDEN NAME OF MOTHER Margaret Johnson

BIRTHPLACE OF MOTHER (State or country) Maryland.

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Smith

(Address) 11 Andrews Ave.

Filed 11/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19 1906

I HEREBY CERTIFY, That I attended deceased from Apr. 1 1906 to Dec 19 1906

that I last saw h-er alive on Dec 19 1906.

and that death occurred, on the date stated above, at 4 a.m. CAUSE OF DEATH (Secondary or Immediate)

Acute Phthisis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) R. H. G. Schmidt M.D.

Address 424 - East 23 St

Date Dec. 19 1906

Place of Burial Laurel Cemetery

Date Dec 21 1906

Undertaker J H Owens & Son

Address 1222 Lemon St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 15 — 96392 — Registered No. B 96392 8

CERTIFICATE OF DEATH.

(Place of Death.) No. 1319 N Stockton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clifton Conway.

{Residence, if in Baltimore, Give Street and Number.} 1319 Stockton St

Duration of Residence in Baltimore. 2 yrs 5 mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 2 years, 5 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Thomas Conway.

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Rose Thomison

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Conway

(Address) 131 N Stockton St

Filed 12/21 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19, 1906

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 19 1906

that I last saw him alive on Dec 12 1906,

and that death occurred, on the date stated above, at 8-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-pneumonia

following pertussis.

Invalid (DURATION) — DAYS

Contributory (Primary.) Heart failure

(DURATION) 1 DAYS

(Signed) E. E. Layton M.D.

Address Md. Gen. Hosp.

Date Dec 20 1906

Place of Burial Mt Olivet

Date Dec 21 1906

Undertaker W. J. Johnson

Address 611 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 19 — 96393 — Registered No. B 96393

CERTIFICATE OF DEATH.

(Place of Death.) No. 833 West Franklin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eliza Jane Gill

{Residence, if in Baltimore, Give Street and Number.} 833 W. Franklin St.

Duration of Residence in Baltimore. 50 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: —

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Philadelphia

FULL NAME OF FATHER: William E Gill

BIRTHPLACE OF FATHER (State or country): Philadelphia

MAIDEN NAME OF MOTHER: Jane Scott

BIRTHPLACE OF MOTHER (State or country): Philadelphia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Cadogan

(Address) 696 W Mulberry St

Filed 12/21 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 20th. 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 19th, 1906 to Dec. 20th, 1906 that I last saw her alive on Dec. 20th, 1906, and that death occurred, on the date stated above, at 1.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary.) Alcoholism

(DURATION) 7 DAYS

(Signed) Henry J. Hinkel M.D.

Address 697 W. Mulberry St.

Date December 20th 1906.

Place of Burial Greenmount Cem

Date Dec 22. 1906

Undertaker M Cadogan

Address 696 W Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96394

City of Baltimore, (No. 114, W. Twenty Third St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George Lycett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 5 1821 (Month) (Day) (Year)

AGE: 85 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: Edward Lycett

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Rebecca Howes

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Allen Lycett

(Address) Gursuch Ave Homestead

Filed 12/21 1906

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 19. 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 15 1906 to Dec. 19 1906 that I last saw him alive on Dec. 19 1906, and that death occurred, on the date stated above, at 11-30 P.M. The CAUSE OF DEATH was as follows:

Old age - and failure of heart.
Acute Cardiac Dropsy

(DURATION) 8 DAYS

Contributory Trouble from senile face
Dec. 12 (DURATION) DAYS

(Signed) Alfred Vanderlaan, M. D.

Dec. 20 1906 (Address) 92 Cathedral St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Dec-21 1906

UNDERTAKER: Wm. H. Gauthier

ADDRESS: 901 Pr. Baltimore

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 96395 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 N Stricker St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frances Richter

{ Residence, if in Baltimore, Give Street and Number. } 529 N Stricker St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 16 1838

AGE 68 years, 7 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Mrs Conroy

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER 6

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wilhelmina Richter

(Address) 529 N Stricker St

Filed 12/21 190 6 HARRY J. ANDREAS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1906

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 19 1906 that I last saw h[illegible] alive on Dec 18 1906, and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) L. M. Lampsin M.D.

Address 602 S Broadway

Date Dec 19 1906

Place of Burial London Park

Date Dec 21 1906

Undertaker Wm J. Tuckerton

Address Camden & Broad

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward (19)

Registered No. B 96396

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 716 Frederick Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James F. Hammrichhouse

{Residence, if in Baltimore, Give Street and Number.} 716 Frederick Ave

Duration of Residence in Baltimore. 70 Jears

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: March 12 1828

AGE: 78 years, 9 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Hagerstown md

FULL NAME OF FATHER: Jacob F. Hammrichhouse

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) C. Edw. Burgess

(Address) 716 Frederick Ave

Filed 12/21 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20 1906

I HEREBY CERTIFY, That I attended deceased from December 15 1906 to Dec. 20 1906

that I last saw him alive on Dec. 19 1906,

and that death occurred, on the date stated above, at 10.15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Double Croupous Pneumonia

(DURATION) 5 DAYS

Contributory (Primary) Old Age.

(DURATION) DAYS

(Signed) Howard W Jones M.D.

Address Irvington

Date December 20 1906

Place of Burial Mt Olivet Cemy

Date December 22 1906

Undertaker Jos Jourdan's Son

Address 217 S. Paca

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — 96397 — Registered No. B 96317

CERTIFICATE OF DEATH.

(Place of Death.) No. 7 House Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Helen Boyer 6

{Residence, if in Baltimore, Give Street and Number.} 7 House Court.

Duration of Residence in Baltimore. 10 yrs.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored.
DATE OF BIRTH	Dont know
AGE	29 years, ___ months, ___ days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Washington DC
FULL NAME OF FATHER	Don't know
BIRTHPLACE OF FATHER (State or country)	Don't know
MAIDEN NAME OF MOTHER	Don't know
BIRTHPLACE OF MOTHER (State or country)	Don't know
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Boardley 6

(Address) 7 House Ct.

Filed 12/21 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 17 1906

I HEREBY CERTIFY, That I attended deceased from ____ 190 ____ to ____ 190 ____

that I last saw h____ alive on ____ 190 ____,

and that death occurred, on the date stated above, at 11.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Inflammation of the Brain.

Due to a cut on the head

(Homicide) (DURATION) ____ DAYS

Contributory (Primary.) ____

(DURATION) ____ DAYS

(Signed) Chas W Reinhardt M.D. Coroner

Address ____

Date December 20 1906

Place of Burial Mt Auburn Cemetery

Date Dec 21 1906

Undertaker F. A. Krause & Bro

Address 703 Hanover St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96398

City of Baltimore, (No. 635 Light St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas N. Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 16 (Day) 1872 (Year)

AGE: 34 years, 11 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Nicholas Miller

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Hughes

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Fitzpatricke

(Address) 635 Light St.

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 14th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from July 18 1906 to Dec 14th 1906 that I last saw h[im] alive on Dec 18th 1906, and that death occurred, on the date stated above, at ____ M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 7 Mos

Contributory ____ (DURATION) ____ DAYS

(Signed) J. O'Donnell M. D.

Dec 20th 1906 (Address) 1908 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Cedar Hill Cemetery | DATE OF BURIAL: Dec 22 1906

UNDERTAKER: F. A. Kramer & Bro | ADDRESS: 703 Hanover

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96399

Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. 781 George St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name Sophia Padgett

{Residence, if in Baltimore, Give Street and Number.} 781 George St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH June 1834

AGE 72 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto City Md.

FULL NAME OF FATHER Dont Know.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know.

BIRTHPLACE OF MOTHER (State or country) Balto City Md.

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Terry

(Address) 781 George St.

Filed 12/21 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 6 1906 to Dec. 20, 1906

that I last saw her alive on Dec. 19, 1906

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastro-enteritis

(DURATION) 14 DAYS

Contributory (Primary) Old age

(DURATION) DAYS

(Signed) J. C. Simpkins M.D.

Address 653 Columbia Ave

Date Dec. 21, 1906

Place of Burial Baltimore Cemetery

Date Dec. 22" 1906

Undertaker Jas. Inc. John H. Pearce

Address 1 W. Cor. Fayette & Freemont Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 96400 — Registered No. B 96400

CERTIFICATE OF DEATH.

(Place of Death.) No. 211 N Ware — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rachel Howard

{Residence, if in Baltimore, Give Street and Number.} #211 Ware St

Duration of Residence in Baltimore. 19 YEARS

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR Col

DATE OF BIRTH Oct 14 1857

AGE 49 years, 4 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Balto Co Md

FULL NAME OF FATHER John Allen

BIRTHPLACE OF FATHER (State or country) Balto Co Md

MAIDEN NAME OF MOTHER Mary Allen Davis

BIRTHPLACE OF MOTHER (State or country) Balto Co Md

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Howard Daughter

(Address) 211 Ware St

Filed 12/21 1906

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19 1906

I HEREBY CERTIFY, That I attended deceased from 1906 to Dec 18 1906

that I last saw h er alive on Dec 18 1906,

and that death occurred, on the date stated above, at 9 P M. CAUSE OF DEATH (Secondary or Immediate)

Cancre Rectum

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. C. Morton M.D.

Address 638 N Gilmor

Date Dec 20 1906

Place of Burial Mt. Zion Cemetery

Date December 22, 1906

Undertaker Felix B. Pye.

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 96401 Registered No. B 96401

CERTIFICATE OF DEATH. 13

(Place of Death.) No. 926 Mosson Al St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Mary Smaw

{Residence, if in Baltimore, Give Street and Number.} 946 Mosson Al

Duration of Residence in Baltimore. 7 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afro-Am

DATE OF BIRTH: 1880 1

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Ezekiel Smaw

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Sarah Bowles

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lizzie Smaw

(Address) 946 Mosson Al.

Filed 12/21 1906

HARRY C. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/20 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to 12/20 1906

that I last saw h[er] alive on 12/20 1906

and that death occurred, on the date stated above, at 8.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

A few hrs (DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 14 DAYS

(Signed) A. Lee Ellis M.D.

Address 922 Mad. Ave

Date 12/20 1906

Place of Burial Mt. Auburn Cemetery

Date December 23. 1906

Undertaker Felix B. Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96402

City of Baltimore, (No. 1131, Somerset St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edwards Schmidt

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	white
DATE OF BIRTH	May 19 1840 (Month) (Day) (Year)
AGE	66 years, 7 months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	— Schmidt
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles J. Schmidt

(Address) 1131 Somerset st.

Filed 12/21 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 19 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1906 to Dec 19 1906

that I last saw him alive on Dec 19 1906,

and that death occurred, on the date stated above, at 7.25 P. M. The CAUSE OF DEATH was as follows:

Cancer

50 (DURATION) — DAYS

Contributory Do not know (DURATION) — DAYS

(Signed) Dan'l Strutt M. D.

Dec 20 1906 (Address) 712 Park ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL Holy Redeemer (Cem'y)

DATE OF BURIAL Dec 22 1906

UNDERTAKER Jones Hutchinson

ADDRESS 1301 E Eager st.

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward VII 96403 Registered No. B 96403

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eva Hall

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore. During her life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City, Md.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 19. 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 3. 1906 to Dec. 19. 1906

that I last saw her alive on Dec. 18. 1906,

and that death occurred, on the date stated above, at 12 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute tubercular Broncho pneumonia, Acute fibrinous pleuritis.

(DURATION) 30 DAYS

Contributory (Primary.) Tuberculosis general (DURATION) Many years DAYS

(Signed) [illegible] M.D.

Address Bay View Asylum

Date December 19. 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 20 1906 190

Undertaker William H. Woodes

Address 614 Wilkins Ave

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 96404 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. John Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joseph English

{ Residence, if in Baltimore, Give Street and Number. } Philadelphia Road Orangeville Md.

Duration of Residence in Baltimore. 7 ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1—

AGE: 59 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank Lebrun

(Address) Orangeville Md

Filed ..... 190.....

HARRY O. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 19 1906

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 19 1906 that I last saw h.. alive on Dec 19 1906, and that death occurred, on the date stated above, at 7 40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia - Lobar -

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) W MacCallum M.D.

Address Johns Hopkins Hospital

Date Dec 20 1906

Place of Burial JOHNS HOPKINS HOSPITAL.

Date DEC 20 1906 190....

Commissioner Health,

Undertaker .....

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 5 — 96405 — Registered No. B 55

CERTIFICATE OF DEATH.

(Place of Death.) No. 1549 North Gilmore St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas. V. Hobbs

{Residence, if in Baltimore, Give Street and Number.} 1549 N. Gilmore St

Duration of Residence in Baltimore. Life time —

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH June 19 1906

AGE 2 years, 6 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER Chas. A. Hobbs

BIRTHPLACE OF FATHER (State or country) Frederick Co. Md

MAIDEN NAME OF MOTHER Mary R. Hardesty

BIRTHPLACE OF MOTHER (State or country) Balto. Md

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary R Hardesty

(Address) 1549 N. Hobbs

Filed 12/21 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov 22 1906 to Dec 20 1906 that I last saw him alive on Dec 19 1906, and that death occurred, on the date stated above, at —

11. CAUSE OF DEATH (Secondary or Immediate)

Softening of Brain

About one month (DURATION) DAYS

Contributory (Primary.) Influenza

(DURATION) — DAYS

(Signed) T. Bradshaw M.D.

Address 129 W. North Ave

Date Dec 20 1906

Place of Burial St Peters

Date Dec 22 1906

Undertaker Martin Fahey & Son

Address 206 W Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96406

City of Baltimore, (No. 765 w Lexington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Unnamed infant of May Irwin

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: ..... years, ... months, 1 hour days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: May Irwin

BIRTHPLACE OF MOTHER (State or country): Ind.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from on Dec 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....M. The CAUSE OF DEATH was as follows:

Asphyxiation by cord (placental)

accident

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Patrick Malone M. D.

Dec 21 1906 (Address) Emma

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: COLLEGE OF P. & S.

DATE OF BURIAL: DEC 21 1906

UNDERTAKER: Commissioner Health.

ADDRESS: Health Depot

WM. J. C. DULANY CO., BALTIMORE

FOR ANATOMICAL PURPOSES

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

295

Ward 4 — 96407 — Registered No. B 96407

CERTIFICATE OF DEATH.

166

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Unknown

{ Residence, if in Baltimore, Give Street and Number. } ———

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH ———

AGE about 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) ———

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) ...

(Address) ...

Filed 12/21 1906 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 8 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death to ... 190..., that I last saw h— alive on ... 190..., and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

* Shock from
Fracture of skull

... (DURATION) — DAYS

Contributory (Primary.) ...

... (DURATION) — DAYS

(Signed) Benj. H. Hayden M.D.

Address 1216 N. Caroline St

Date Dec. 20, 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 21 1906 190...

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

* Railroad accident; found alongside track a.m.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

287

Ward 4 96408 Registered No. B 96408

CERTIFICATE OF DEATH. 171

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Agnes Linn

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeth's Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: B.

DATE OF BIRTH: Sept. 19 1906

AGE: ____ years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Unknown

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Unknown

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. McGlannan

(Address) 2005 Madison Ave.

Filed 12/21 1906 HARRY O. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 20 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 20 1906 to Dec 20 1906 that I last saw h-er alive on Dec 19 1906, and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Allyn McGlannan M.D.

Address 2005 Madison Ave.

Date Dec. 20/06 1906

Place of Burial COLLEGE OF P. & S

Date DEC 21 1906

Undertaker Commissioner Health,

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPO

That whenever any person shall die in the said city it shall be ... sickness, or the ... or the Coroner, when the case comes under his ... her person superintending the burial, a certificate ...

Ward 14 96409 Registered No. B 96409

120

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Courtney

{ Residence, if in Baltimore, Give Street and Number. } 735 Saratoga St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 20th 1906

AGE: 62 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Book keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sylvester B. Courtney

(Address) 1217 Greenmount Ave

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 20th 1906

I HEREBY CERTIFY, That I attended deceased from 10/14 1906 to 12/20 1906 that I last saw h~~a~~ alive on 12/20 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) J. H. Smith Jr. M.D.

Address University Hospital

Date Dec 20th, 1906

Place of Burial Havre De Grace Md

Date Dec 22 1906

Undertaker Wm Cook

Address 502 E Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96410

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96410

City of Baltimore, (No. 1135 Woodley St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sarah Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 2 (Month) 22 (Day) 1861 (Year)

AGE: 45 years, 10 months, 28 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balti Md

FULL NAME OF FATHER: Peter Clisham

BIRTHPLACE OF FATHER (State or country): County Meo Ireland

MAIDEN NAME OF MOTHER: Catharine Clisham

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: House wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo W. Phillips

(Address) 1135 Woodley Ave

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Dec 20 1906

that I last saw her alive on Dec 19 1906. 2.45

and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Infra Sacral Recto ovary (Cystic Tumor)

about 4 (DURATION) Mos DAYS

Contributory Peritonitis

DURATION DAYS

(Signed) Wm J C Chappell M. D.

Dec 20 1906 (Address) 1351 Mulberry

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem | DATE OF BURIAL: Dec 22 1906

UNDERTAKER: J Ahearn & Co | ADDRESS: 754 N Eutaw

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 96111 — Registered No. B [illegible] — 157

CERTIFICATE OF DEATH.

(Place of Death.) No. 300 N Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Earl W Dreiling

{Residence, if in Baltimore, Give Street and Number.} 300 N Ann St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 3d 1906

AGE: 0 years, 0 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Henry Dreiling

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Hedwig Schultz

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Dreiling

(Address) 300 N Ann St

Filed 12/21 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: DEC 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 21 1906 that I last saw him alive on Dec 21 06 and that death occurred, on the date stated above, at 10 15 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Jaundice.

Jaundice.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [signature] M.D.

Address 1219 Eager St

Date Dec. 21 1906

Place of Burial St Matthews Cem

Date DEC 22 1906

Undertaker Wm. C. Fry

Address 822 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... Registered No. B 96412

96412

CERTIFICATE OF DEATH.

56

(Place of Death.) No. 700 N. Spring St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Vaclav Novotny

{Residence, if in Baltimore, Give Street and Number.} 700 N. Spring St

Duration of Residence in Baltimore. 30 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 39 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Vaclav Novotny

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Josefa Sedlak

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vaclav Novotny

(Address) 700 N Spring St

Filed 12/21 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16th 06 to Dec 20th 06

that I last saw h[illegible] alive on Dec 20th 1906,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Intemperance

(DURATION) 5 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. E. Storer M.D.

Address 1511 E Lafayette St

Date Dec 21st 1906

Place of Burial Holy Redeemer

Date Dec 24 1906

Undertaker Frank Busch

Address Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 96413 Registered No. B

CERTIFICATE OF DEATH.

120

(Place of Death.) No. 1645 Abbot st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Robert Foley

{Residence, if in Baltimore, Give Street and Number.} 1645 Abbot st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 53 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Peric

BIRTHPLACE OF FATHER (State or country): Dobenna

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sophia Anstey

(Address) 1645 Abbot st

Filed 12/21 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 30 1906 to Dec 21st 1906

that I last saw h— alive on Dec 21st 1906,

and that death occurred, on the date stated above, at 6 A.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 2 DAYS

Contributory (Primary) Dementia due to Chronic Alcoholism (DURATION) Unknown DAYS

(Signed) Chas. B. Fay M.D.

Address 838 N Broadway

Date Dec 21st 1906

Place of Burial Holy Redeemer

Date Dec 24 1906

Undertaker Frank Gracia

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 96414 — Registered No. B 96414

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Joseph R. P. Miller

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf. asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Nov 1 1902

AGE: 4 years, 2 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): C. G.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Mary Miller

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Miller

(Address) 580 W. Gay St

Filed 12/22 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 21, 1906

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 21 1906

that I last saw h[illegible] alive on Dec 20 1906

and that death occurred, on the date stated above, at 12 noon

CAUSE OF DEATH (Secondary or Immediate.)

Laryngeal Diphtheria

after

(Lobar pneumonia)

(DURATION) 2 DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E H Hayward M.D.

Address 1230 N Carrollton Ave

Date Dec 21, 1906

Place of Burial St. Paul Cem.

Date 12/22/06 1906

Undertaker J. Herwig & Son

Address 2008 Aisquith St.

11 a.m.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 96415

96415

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 N. Hoffman St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Walter Robinson Jr.

{Residence, if in Baltimore, Give Street and Number.} 529 N. Hoffman St.

Duration of Residence in Baltimore. 15 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Feb 12th. 1878

AGE: 28 years, 10 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia.

FULL NAME OF FATHER: George Walter Robinson

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Maria Louis.

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Waiter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sallie R. Robinson

(Address) 529 N. Hoffman St.

Filed 12/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18 1906.

I HEREBY CERTIFY, That I attended deceased from Nov 19 1906 to Dec 16 1906 that I last saw him alive on Dec 16 1906, and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) DAYS

Contributory (Primary) Pulmonary Tuberculosis (DURATION) 4 yrs.

(Signed) Edward V. Fitzgerald M.D.

Address 1118 Druid Hill Ave.

Date Dec. 19. 1906.

Place of Burial Mt. Auburn

Date Dec 22 1906

Undertaker R. J. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96416 Registered No. B 96416

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 933 Druid Hill Ave. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Banks

{ Residence, if in Baltimore, Give Street and Number. } 933 Druid Hill Ave

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 37 53 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bosley Austin

(Address) 933 Druid Hill Ave

Filed 12/22 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 19th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Dec 19 1906 that I last saw her alive on Dec 19th 1906, and that death occurred, on the date stated above, at 5 P. M., CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

about (DURATION) 3 DAYS

Contributory (Primary.) Exhaustion and Coma (DURATION) ..... DAYS

(Signed) Daniel A. Bain M.D.

Address 619 W Biddle

Date Balto Dec. 21th 1906

Place of Burial Mt. Auburn

Date Dec 22 1906

Undertaker R T Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96417

City of Baltimore, (No. 1627, Mount Ford Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John K. Karteng Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH Aug (Month) 18 (Day) 1900 (Year)

AGE 6 years, 4 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER John K. Karteng

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah Toyne

BIRTHPLACE OF MOTHER (State or country) Chesterton Md.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John K. Karteng

(Address) 1627 Mount Ford Ave

Filed 12/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1906 to Dec 20th 1906

that I last saw him alive on Dec 20th 1906,

and that death occurred, on the date stated above, at 9 M. The CAUSE OF DEATH was as follows:

Acute Bronchio Pneumonia c

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Edw Stillwell M.D.

Dec 21 1906 (Address) 149 Eager

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park | DATE OF BURIAL Dec 22 1906

UNDERTAKER Wm Cook | ADDRESS 503 E Fayette Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single), the person deceased, and the cause and date of death.

Ward 11 96418 Registered No. B 96418

CERTIFICATE OF DEATH.

(Place of Death.) No. 1148 Pinckney St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emma E. Poulton

{ Residence, if in Baltimore, Give Street and Number. } 1148 Pinckney

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 6 1860

AGE: 46 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Davis Griffith

BIRTHPLACE OF FATHER (State or country): Md (Unknown)

MAIDEN NAME OF MOTHER: Md Unknown

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jno E Poulton

(Address) 1148 Pinckney

Filed 12/22 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Oct 12 1906 to Dec 21 1906

that I last saw h alive on Dec 20 1906,

and that death occurred, on the date stated above, at 10

a. M. CAUSE OF DEATH (Secondary or Immediate)

General Weakness (DURATION) 7 DAYS

Contributory (Primary) Tuberculosis of Lung

& Bronchi (DURATION) 9 DAYS

(Signed) Jno Fanny Boyd M.D.

Address 602 Columbia

Date Dec 21 1906

Place of Burial Western Cem

Date Dec 23/06 1906

Undertaker Wm Cook

Address 502 E. Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That the duty of the Physician who attended during his or her notice, to furnish within **eighteen hours after death,** to setting forth, as far as the same can be ascertained, the deceased, and the **cause and date of death.**

person shall die in the said city it shall be the Coroner, when the case comes under his person superintending the burial, a certificate **dition** (whether married or single) of the person

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96419

City of Baltimore, (No. 611 Jasper St - St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo. H. Bent

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male.
COLOR	Colored
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	77 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	?
BIRTHPLACE OF FATHER (State or country)	?
MAIDEN NAME OF MOTHER	?
BIRTHPLACE OF MOTHER (State or country)	?
OCCUPATION OF DECEASED	White Washer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Anderson

(Address) 611 Jasper St

Filed 12/22 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 5th 1901 to Dec 19 1906

that I last saw h— alive on —— 1906,

and that death occurred, on the date stated above, at 6 30 A.M. The CAUSE OF DEATH was as follows:

Cardiac Paralysis

(DURATION) DAYS

Contributory Old age

(DURATION) DAYS

(Signed) G. M. Letenyer M. D.

Dec 21 1906 (Address) 2128 E. Lafayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
U.S. National Cem	Dec 22 1906
UNDERTAKER	ADDRESS
Felix B. Pyo	102 E Mulberry St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of de

Ward 11 93420 Registered No. B 93420

95

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland Homoeopathic Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name John Stotelmyer

{ Residence, if in Baltimore, Give Street and Number. } 744 N Eutaw St

Duration of Residence in Baltimore. 4 Mo.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: May 29 1906

AGE: ..... years, 6 months, 22 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Brooklyn N.Y.

FULL NAME OF FATHER: Geo. B. Stotelmyer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Stenson

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. B. Stotelmyer

(Address) 744 N. Eutaw St

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec - 20 - 1906

I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1906 to Dec - 20 - 1906 that I last saw h~~im~~ alive on Dec - 20 - 1906 and that death occurred, on the date stated above, at 11.45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Congestion of Lungs (DURATION) 2 ~~7~~ The DAYS

Con'ributory (Primary.)

Exhaustion (DURATION) 6 ~~Dec~~ DAYS

(Signed) M. W. Stork M.D.

Address Md Homoeo Hospital - 1122 N Mount St

Date Dec - 20 - 1906

Place of Burial New Cathedral

Date Dec 23rd 1906

Undertaker Chas. E. Francis

Address 746 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 96421 Registered No. B 96421

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vinct. Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Johnson

{ Residence, if in Baltimore, Give Street and Number. } St. Vinct. Inf. Asylum

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	W.
DATE OF BIRTH	Nov. 30th 1906
AGE	..... years, ... months, 20 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	C. [illegible]
FULL NAME OF FATHER	[illegible]
BIRTHPLACE OF FATHER (State or country)	[illegible]
MAIDEN NAME OF MOTHER	[illegible]
BIRTHPLACE OF MOTHER (State or country)	[illegible]
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asylum.

Filed 12/22 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 30th 1906 to Dec 20 1906

that I last saw h— alive on Dec 19 1906,

and that death occurred, on the date stated above, at 2 a m. CAUSE OF DEATH (Secondary or Immediate.)

Marasmus

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) E. H. Hayward, M.D.

Address 1230 N. Caroline St

Date Dec. 20, 1906

Place of Burial New Cathedral

Date Dec. 22nd 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 23rd. 96422 Registered No. B 96422

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 1135 Hull's Lane St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Pearl Patterson

{Residence, if in Baltimore, Give Street and Number.} 1135 Hull's Lane Baltimore Md.

Duration of Residence in Baltimore. Since Christmas 1905.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Nov 2nd 1905

AGE 1 year, 1 month, 19 days

SINGLE, ~~MARRIED, WIDOWED~~ OR ~~DIVORCED~~

BIRTHPLACE (State or country) Talmans Island Md

FULL NAME OF FATHER Walter Edmund Patterson

BIRTHPLACE OF FATHER (State or country) Fairmont, Md.

MAIDEN NAME OF MOTHER Henrietta Johns

BIRTHPLACE OF MOTHER (State or country) Talbot County

OCCUPATION OF DECEASED (Baly.) ✓

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henrietta Patterson

(Address) 1135 Hulls Lane.

Filed 12/12 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 20 1906 that I last saw h er alive on Dec 20 1906, and that death occurred, on ~~the date stated above~~, at Dec 21/06 5 A.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchio-Pneumonia (Primary)

(DURATION) 18 DAYS

Contributory (Primary.) ✓

(DURATION) ✓ DAYS

(Signed) Samuel Amberg. M.D.

Address Johns Hopkins Hospital Dispensary.

Date December 21. 1906.

Place of Burial Laurel Cemetery ✓

Date Dec. 22nd 1906

Undertaker Chas G Baiter

Address 1421 Jefferson St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 5 96423 Registered No. B 96423

CERTIFICATE OF DEATH.

(Place of Death.) No. 834 Addison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles L. O'Connell

{Residence, if in Baltimore, Give Street and Number.} 834 Addison St.

Duration of Residence in Baltimore. 20+ years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Not known

BIRTHPLACE OF FATHER (State or country) " "

MAIDEN NAME OF MOTHER " "

BIRTHPLACE OF MOTHER (State or country) " "

OCCUPATION OF DECEASED Bricklayer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie O'Connell

(Address) 834 Addison St

Filed 12/22 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 06 to death 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 1216 N. Carrollton Ave.

Date Dec. 22. 1906

Place of Burial Holy Cross Cemetery

Date Dec. 24 1906

Undertaker Henry Hoeckel & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96424

Registered No. B.....

City of Baltimore, (No. 121 S. Calhoun St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jane Doyle.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female.
COLOR	White.
DATE OF BIRTH	— — 1828 (Month) (Day) Year)
AGE	78 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed.
BIRTHPLACE (State or country)	Ireland.
FULL NAME OF FATHER	Patrick Conway.
BIRTHPLACE OF FATHER (State or country)	Ireland.
MAIDEN NAME OF MOTHER	Mary Conway.
BIRTHPLACE OF MOTHER (State or country)	Ireland.
OCCUPATION OF DECEASED	None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. M. Roche

(Address) 1215 S. Calhoun

Filed 12/22/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 21 1906 that I last saw h.. alive on Dec 21 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Cancer of Uterus.

(DURATION) 300 DAYS

Contributory Old Age.

(DURATION) ..... DAYS

(Signed) MacDonell M. D.

Dec 22 1906 (Address) 1315 Hollins

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 24 1906
UNDERTAKER	ADDRESS
John Fields	1200 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

Registered No. B 96425

City of Baltimore, (No. 1925 Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Hannah J. Kennedy

PERSONAL AND STATISTICAL PARTICULARS

SEX	female
COLOR	white
DATE OF BIRTH (Month) (Day) (Year)	1
AGE	47 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Boston
FULL NAME OF FATHER	Patrick Fleety
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Mary Fleety
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J. Fields

(Address) 1200 N. Gunland St

Filed 12/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1906 to Dec 20th 1906 that I last saw h[illegible] alive on Dec 19th 1906, and that death occurred, on the date stated above, at 12-05 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory Exhaustion

(DURATION) 30 DAYS

(Signed) Wm. Nicholls M. D.

Dec 20th 1906 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 24th 1906
UNDERTAKER	ADDRESS
John J. Fields	1200 N. Gunland

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ... 96426 ... Registered No. B ... 79

CERTIFICATE OF DEATH.

(Place of Death.) No. 537 N. Hoffman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Mary L. Peters

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	Colored
DATE OF BIRTH	[redacted] 1862.
AGE	44 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	James Wilson
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Charlotte Fairlis
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James E. Peters

(Address) 537 N. Hoffman

Filed 12/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 20th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11th 1906 to Dec 18 1906 that I last saw her alive on Dec 18 1906, and that death occurred, on the date stated above, at 12.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocardial Disease,

... (DURATION) ... DAYS

Contributory (Primary.)

... (DURATION) ... DAYS

(Signed) J. D. Gilbert M.D.

Address 211 N. Lanvale

Date Dec 21st 1906

Place of Burial Mt Auburn Cemetery

Date Dec. 23 1906

Undertaker Alex. Hemsley

Address 578 N. Bigelow Ave

✓

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96127 Registered No. B 96127

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 1216 N. Bonds St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Laurens A. Lappe

{ Residence, if in Baltimore, Give Street and Number. } 1216 N. Bonds St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX M. | COLOR W

DATE OF BIRTH Oct. 18 1822

AGE 84 years, — months, — days

SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER Chas Lappe

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia Nickel

(Address) 1410 E. Lafayette Ave

Filed 12/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190.....

that I last saw h... alive on ..... 190.....,

and that death occurred, on the date stated above, at 6 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Sudden

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Jack Garrett M.D.

Address Coroners Office

Date Dec 21 — 06 190...

Place of Burial London Park Cem.

Date Dec 23d 1906

Undertaker Geo Lowenbach & Son

Address 647 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 — 96428 — Registered No. B 96428

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Stoppel

{ Residence, if in Baltimore, Give Street and Number. } 1015 Stiles St.

Duration of Residence in Baltimore. 7

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 73 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Coroner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fred Brauksan

(Address) 1015 Stiles St

Filed 12/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6 1906 to Dec 26 1906

that I last saw him alive on Dec 21 1906,

and that death occurred, on the date stated above, at 2 M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

Chronic Nephritis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Dec. 22 1906

Place of Burial Baltimore Cemetary

Date December 23rd 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 96429

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Gregory W Hayes

{ Residence, if in Baltimore, Give Street and Number. } Lynchburg Va

Duration of Residence in Baltimore. .....

B 96429

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: April 1866

AGE: 40 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: General Hayes

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Lucy Brown

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: School teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M Hayes Bro

(Address) 5 Eutaw St

Filed 12/27 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec 0 1906 to Dec 27 1906

that I last saw h alive on Dec 27 1906;

and that death occurred, on the date stated above, at 12 15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

Uraemia

(DURATION) ... DAYS

Contributory (Primary.) .....

(DURATION) ... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hosp

Date Dec 27 1906

Place of Burial Lynch Burg Va

Date December 23 1906

Undertaker George H Hooper

Address 609 Little Paca St

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WM. J. C. DULANY CO., BALTIMORE.

Ward 10 96430 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 49 Brick Hall Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earnest Jones

{Residence, if in Baltimore, Give Street and Number.} ~~Life~~ 49 Brick Hall Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 5th 1906

AGE ..... years, Dec months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Wm C Jones

BIRTHPLACE OF FATHER (State or country) Carroll Co Md

MAIDEN NAME OF MOTHER Margret Rudsill

BIRTHPLACE OF MOTHER (State or country) West Virginia

OCCUPATION OF DECEASED — —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm C. Jones (Father)

(Address) 49 Brick Hall Ave

Filed 12/11 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 22 1906 that I last saw him alive on Dec 21 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

Dysentery

(DURATION) 3 DAYS

Con'tributory (Primary.) —

(DURATION) DAYS

(Signed) Wm H Ford Duncan M.D.

Address 808 1st Ave

Date Dec 23/06 1906

Place of Burial Oleha Balto Co Md (By Dayton)

Date Dec 23rd 1906

Undertaker Wm C Lohenwalt

Address 919 third ave Hampden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 96431 Registered No. B 19

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas J. Dunn

{Residence, if in Baltimore, Give Street and Number.} 6 Rabe Ave, Waverly.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. | COLOR White

DATE OF BIRTH 1854

AGE 52 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Maryland.

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) maryland.

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Candle maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie Lahan

(Address) 6 Rabe ave

Filed 12/22 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 19 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 12 1906 to Dec. 19 1906 that I last saw him alive on Dec. 19 1906, and that death occurred, on the date stated above, at 7:45 P. M. CAUSE OF DEATH (Secondary or Immediate) Cardiac and respiratory failure.

..... (DURATION) ..... DAYS

Contributory (Primary) Aortic regurgitation Cardiac dilatation with partial Congestion. (DURATION) ..... DAYS

(Signed) W. W. Olwin M.D.

Address University Hospital

Date Dec. 20 1906

Place of Burial Greenmount Cem

Date Dec 22 1906.

Undertaker John E. Hough Co.

Address 1422 Pennsylvania ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward .....

CERTIFICATE OF DEATH.

96432

(Place of Death.) No. 709 Cullisons Court St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Silvia A. Taylor

{ Residence, if in Baltimore, Give Street and Number. } 709 Cullisons Court

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Taylor

(Address) 709 Cullisons Court

Filed 12/22 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.. to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Bright Disease

of unknown (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Alice Balderston M.D.

Address 700 Log. Av. (Corner)

Date Dec. 20th 1906

Place of Burial Laurel

Date Dec 22 1906

Undertaker R. A. Elliott

Address 506 Rugens Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96433 Registered No. B 96433

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Miles Lopes

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec 1819

AGE: 87 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): N. Carolina

FULL NAME OF FATHER: Georges Lopes

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Mary Lopes

BIRTHPLACE OF MOTHER (State or country): .....

OCCUPATION OF DECEASED: Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley sts

Filed 12/22 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 21st 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw him alive on Dec 18 1906,

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

[redacted]

Broncho Pneumonia

(DURATION) 10 DAYS

Contributory (Primary) Exhaustion (DURATION) ..... DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 21 1906

Place of Burial Cedar Hill Cem

Date December 23 1906

Undertaker Wm J. Tickner & Sons

Address 425 W. Lanvale st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 96434

CERTIFICATE OF DEATH. 96434

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Eva Hanssen

{ Residence, if in Baltimore, Give Street and Number. } Laurel Md

Duration of Residence in Baltimore. 8 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black

DATE OF BIRTH: 1

AGE: 20 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Charles Co Md

FULL NAME OF FATHER: C

BIRTHPLACE OF FATHER (State or country): Charles Co Md

MAIDEN NAME OF MOTHER: C

BIRTHPLACE OF MOTHER (State or country): C

OCCUPATION OF DECEASED: Servant Girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. Svendsen & Son

(Address) 217 S. Dock St

Filed 12/22 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 19th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 11 1906 to Dec 19 1906

that I last saw h alive on Dec. 19 1906,

and that death occurred, on the date stated above, at 10.45 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Asthenia

(DURATION) 2 DAYS

Contributory (Primary.) Typhoid fever

Two weeks (DURATION) DAYS

(Signed) G. W. Billings M.D.

Address University Hospital

Date Dec. 22 1906

Place of Burial Mount Auburn Cemetery

Date Dec. 22. 1906 190

Undertaker Jos. Svendsen, Son

Address 217 S. Dock St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 96435

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1330, North Fulton Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas James Cooper

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: September (Month) 9 (Day) 1837 (Year)

AGE: 69 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William Alley Cooper

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Sara Anne Lee

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Capitain

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Hughes Clark

(Address) 617 Lemmon St.

Filed 12/22 1906 J.E.S. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from April 1904 to December 19 1906 that I last saw him alive on 19 December 1906, and that death occurred, on the date stated above, at 12:30 A. M. The CAUSE OF DEATH was as follows:

Bright's Disease
Albuminuria suppressing
Asthenia

(DURATION) 2 years

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

XII/20 1906 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
MOUNT OLIVET	DEC 23 1906
UNDERTAKER	ADDRESS
Armstrong Denny Co.	713 Light Street

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

92

CERTIFICATE OF DEATH.

Registered No. B 96436

City of Baltimore, (No. Hospital for Cripples Hayward & Baldwin Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Henry Nichols Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Black

DATE OF BIRTH: Sept 15, (Month) (Day) 1905 (Year)

AGE: 1 years, 3 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Henry Nichols Sr.

BIRTHPLACE OF FATHER (State or country): Texas

MAIDEN NAME OF MOTHER: Nettie Shackleford

BIRTHPLACE OF MOTHER (State or country): Texas

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. H. Nichols

(Address) 690 N Mulberry

Filed

190 6

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 22, (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1906 to Dec 22 1906

that I last saw him alive on Dec 21 1906,

and that death occurred, on the date stated above, at 7.30 A.M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) H. G. Cantwell M. D.

Dec 22, 1906 (Address) 2770 N Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence 1133 Hill St — How long at Place of Death? 11 Days

Where was disease contracted if not at place of death? at home

PLACE OF BURIAL OR REMOVAL: Mt Olivet — DATE OF BURIAL: Dec 23 1906

UNDERTAKER: R A Eldridge — ADDRESS: 506 Rogers

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 14

CERTIFICATE OF DEATH.

(Place of Death.) No. 226 N. Poppleton St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thos. Harkness

{Residence, if in Baltimore, Give Street and Number.} 226 N. Poppleton St

B. 96 A 3M

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Wht

DATE OF BIRTH Feb. 9 1823

AGE 73 years, 10 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Morton Harkness

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Margaret Anderson

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Blksmith

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt H Harkness

(Address) 226 N Poppleton St

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 24 1906 that I last saw h[illegible] alive on Dec 24 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Organic Dis of Heart

1 Yr (DURATION) DAYS

Contributory (Primary.) Asthenia

1 Mo (DURATION) DAYS

(Signed) H Monmonier M.D.

Address 1929 W Fay Ave

Date Dec 24 1906

Place of Burial Loudon Park Cem

Date Dec 24th 1906

Undertaker William H. Hagidorn

Address 851 Lemmon

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 96438

CERTIFICATE OF DEATH.

(Place of Death.) No. 1918 Hanover st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm H. Weaver

{Residence, if in Baltimore, Give Street and Number.} 1918 Hanover st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Sept 21 + 1863

AGE: 41 years, 3 months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Weaver

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary M. Esett

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Contractor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura Johnson

(Address) 109 E Clement st.

Filed 12/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 14 1906 to Dec 21 1906

that I last saw him alive on Dec 21 1906,

and that death occurred, on the date stated above, at 12:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Acute alcoholism

(DURATION) 4 DAYS

Contributory (Primary.) Cardeon failure

(DURATION) 1 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light st

Date Dec 22 1906

Place of Burial Baltimore

Date Dec 24 + 1906

Undertaker Jos. Stumbaugh

Address 1318 Light st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96439

Ward ..... Registered No. B 96439

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theophilis Wilson.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. about 25 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH 1832

AGE 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

BIRTHPLACE (State or country) Illinois

FULL NAME OF FATHER Aphilo Wilson

BIRTHPLACE OF FATHER (State or country) don't know

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 1906

I HEREBY CERTIFY, That I attended deceased from June 16 1906 to Dec 21 1906 that I last saw h.im alive on Dec 21 1906 and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Chronic Cliffused Nephritis

..... (DURATION) ..... DAYS

Contributory (Primary.) Oedema of Larynx (DURATION) ..... DAYS

(Signed) Horace Richardson M.D.

Address Bay View Hospital

Date Dec 22 1906

Place of Burial Cedar Hill

Date Dec 23rd 1906

Undertaker Jos. Stuntebeck

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 27

Registered No. B 96140

96140

CERTIFICATE OF DEATH.

(Place of Death.) No. 1407 Decatur St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Maudley

{Residence, if in Baltimore, Give Street and Number.} 1407 Decatur

Duration of Residence in Baltimore. 23 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec. 1866

AGE 39 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) England

FULL NAME OF FATHER James Goldstraw

BIRTHPLACE OF FATHER (State or country) England

MAIDEN NAME OF MOTHER Hont Knowe

BIRTHPLACE OF MOTHER (State or country) England.

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William A. Maudley

(Address) 1407 Decatur St

Filed 12/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 — 1906

I HEREBY CERTIFY, That I attended deceased from Aug 10 1906 to Dec 21 1906

that I last saw her alive on Dec 20 1906,

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

Cirrosis of Liver.

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) N. Lee Bowles M.D.

Address 1228 E. Chase

Date Dec. 21 — 1906

Place of Burial Cedar Hill

Date Dec 23 1906

Undertaker Jos. Stansbury

Address 1318 Light St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 96441

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 Greenwillow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Adelle Jackson

{Residence, if in Baltimore, Give Street and Number.} 617 Greenwillow St.

Duration of Residence in Baltimore. Life

B. 96441

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Africa-Am

DATE OF BIRTH: 1869 — 1

AGE: 37 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Buelo. City

FULL NAME OF FATHER: Boid Hymon

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Mary Brown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. E. Hymon

(Address) 438 E. Monument St.

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/20 1906

I HEREBY CERTIFY, That I attended deceased from 12/17 1906 to 12/20 1906 that I last saw h alive on 17 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Failure

(DURATION) 2 DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ... DAYS

(Signed) W. Edw. Magruder M.D.

Address 922 Mad Ave

Date 12/20 1906

Place of Burial Laurel Cemetery

Date Dec 23 1906

Undertaker R. A. Elliot

Address 506 Roger Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) deceased, and the **cause and date of death.**

Ward ..... Registered No. B .....

CERTIFICATE OF DEATH.

79

(Place of Death.) No. 548 Orchard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta Young

{ Residence, if in Baltimore, Give Street and Number. } 548

Duration of Residence in Baltimore. Life

B. 96 440

PERSONAL AND STATISTICAL PARTICULARS	
SEX	female
COLOR	Colored
DATE OF BIRTH	Sept. 12th 1
AGE	34 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Wm. H. Young
BIRTHPLACE OF FATHER (State or country)	D. C.
MAIDEN NAME OF MOTHER	Elmira Barton
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Young

(Address) 605 Biddle st,

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 20th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

[illegible] Young

Heart-Disease of [illegible] (DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) Wm Baldwin M.D.

Address 700 Laf. av, (Comm)

Date Dec. 22nd 1906

Place of Burial Mt Auburn Cemetery

Date Dec. 23. 1906

Undertaker E A St Gelliott

Address 506 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

96443

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 9644[illegible]

City of Baltimore, (No. 804, N. Dallas St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Carroll

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ——— (Month) ——— (Day) 1 (Year)

AGE: 36 years, ——— months, ——— days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ———

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): ———

MAIDEN NAME OF MOTHER: ———

BIRTHPLACE OF MOTHER (State or country): ———

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jesse Legrall

(Address) 804 Dallas

Filed 12/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 16 1906 to Dec 21 1906

that I last saw her alive on Dec 20 1906,

and that death occurred, on the date stated above, at 10 A M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

Several Months (DURATION) ——— DAYS

Contributory ———

Exhaustion (DURATION) ——— DAYS

(Signed) Martin N. Mudd M. D.

Dec 22 1906 (Address) 1107 N Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ——— How long at Place of Death? ——— Days

Where was disease contracted, if not at place of death? ———

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 23 1906
UNDERTAKER	ADDRESS
A. A. Elliott	506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 11 — 96444 — Registered No. B

CERTIFICATE OF DEATH. 96444

(Place of Death.) No. 578 Dolphin St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Frances Smith

{Residence, if in Baltimore, Give Street and Number.} 578 Dolphin St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: James Smith.

BIRTHPLACE OF FATHER (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Mary A. Mason.

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: Dress Maker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Boyce.

(Address) 578 Dolphin St.

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Feb 20 1906 to Dec 21 1906 that I last saw her alive on Dec 20 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Subacute Nephritis (DURATION) ? 1 DAYS

Contributory (Primary.) Colitis (DURATION) ? 1 DAYS

(Signed) H. S. McCard M.D.

Address 2005 Druid Hill Ave

Date Dec 21 1906

Place of Burial Laurel Cemetery

Date Dec 23. 1906

Undertaker P. A. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 [redacted] Registered No. B [redacted]

43

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 N. Chapel St. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Dorothea Rodert

{Residence, if in Baltimore, Give Street and Number.} 208 N. Chapel St

Duration of Residence in Baltimore. Life

B 96445

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: June 17 1861

AGE: 45 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Caspar Bauer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Ann Baumler

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph W. Rodert

(Address) 208 N. Chapel St.

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 22 1906

I HEREBY CERTIFY, That I attended deceased from March 1906 to DEC 21 1906

that I last saw her alive on DEC 21 1906

and that death occurred, on the date stated above, at 9 P.M. CAUSE OF DEATH (Secondary or Immediate

Carcinoma of Spine

one year (DURATION) DAYS

Contributory (Primary.)

Carcinoma Breast (DURATION) DAYS

(Signed) Albertus Cline M.D.

Address 1828 E. Balto

Date DEC - 22 - 1906 1906

Place of Burial Holy Redeemer Cem.

Date Monday Dec. 24 1906

Undertaker Germanus Grance

Address Danz & Wolf Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96446

Registered No. B

City of Baltimore, (No. 830, Woodward St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie L Christoffer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: October 81 (Month) (Day) (Year)

AGE: 70 years, 2 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Richard Hart

BIRTHPLACE OF FATHER (State or country): ——

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavalia E Crowther

(Address) 830 Woodward St

Filed 12/23 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 21 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 21 1906

that I last saw h— alive on Dec 17 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 18 DAYS

Contributory Asthma

(DURATION) 3 DAYS

(Signed) J. J. Dean M. D.

12/24 1906 (Address) 610 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Virginia How long Place of Death? 28 Days

Where was disease contracted, if not at place of death? ——

PLACE OF BURIAL OR REMOVAL: North End Middlesex Co Virginia

DATE OF BURIAL: Dec 23 1906

UNDERTAKER: Armstrong & Denny Co

ADDRESS: 715 Light St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96447

City of Baltimore, (No. 1423½ Warner Place St.; 16 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Walter Warren

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Dark

DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)

AGE: 35 years, ... months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: William Warren

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Francis Spriggs

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lane

(Address) 422 Bruce St.

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 20 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 15 1906 that I last saw h[illegible] alive on Dec 15 1906, and that death occurred, on the date stated above, at 10.30 A. M. The CAUSE OF DEATH was as follows:

Bronchitis

10 weeks (DURATION) 1 DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) L. Tyler Smith M. D.

Dec 21 1906 (Address) 717 N. Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Dec 23 1906
UNDERTAKER	ADDRESS
Wm. J. Johnson	614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — Registered No. B 96148

CERTIFICATE OF DEATH.

93

(Place of Death.) No. Shirley Av. city — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Braumell Hayward

{ Residence, if in Baltimore, Give Street and Number. } Shirley av —

Duration of Residence in Baltimore. three months —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: June 20 1532

AGE: 24 years, 6 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Monroe Co. New York

FULL NAME OF FATHER: Asahel Hayward

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Wildman

BIRTHPLACE OF MOTHER (State or country): New York

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Hayward

(Address) Shirley ave

Filed 12/13 1906

HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1906 to Dec 22 1906

that I last saw h in alive on Dec 22 1906,

and that death occurred, on the date stated above, at 8.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 DAYS

Contributory (Primary.) Senile Condition

indefinite (DURATION) — DAYS

(Signed) Edwin D. Hill M.D.

Address Wylie av.

Date Dec. 22. 1906

Place of Burial Lorraine Cemetary

Date Dec. 23rd 1906

Undertaker E M Mitchell

Address 1201 W. Fayette st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

96449

Registered No. B.....

City of Baltimore, (No. 119 N. High St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Tillie Feldman

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: Decem. 1st 1906 (Month) (Day) (Year)

AGE: ..... years, ... months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Abram Feldman

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mamie Nissenson

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Abraham Feldman

(Address) 119 N High st

Filed 12/13 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Decemb. 22 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Decem 18 1906 to Decem 21 1906 that I last saw her alive on Dec. 21 1906, and that death occurred, on the date stated above, at 12.50 P. M. The CAUSE OF DEATH was as follows:

Indigestion

(DURATION) 10 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) M. Hirschman M. D.

12/23 1906 (Address) 900 E Baltimore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Philpot Rd Rosedale — DATE OF BURIAL: Dec 23 1906

UNDERTAKER: Max Levinson — ADDRESS: 1138 Low St

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

...City of Baltimore.

Ward ..... 96450 Registered No. B 96450

27

CERTIFICATE OF DEATH.

(Place of Death.) No. By View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Peter Clinton

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Unknown

BIRTHPLACE (State or country): "

FULL NAME OF FATHER: "

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: "

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Oct 13 1906 to Dec 21 1906

that I last saw h.. alive on Dec 21 1906

and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

..... (DURATION) ..... DAYS

Contributory (Primary.) Pulmonary Tuberculosis (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Dec 22" 1906

Place of Burial Sacred Heart Cemetery

Date December 23" 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 96451 — Registered No. B 96451

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 E. North Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Carroll

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Sept 18 1876

AGE 30 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Gregory Carroll

BIRTHPLACE OF FATHER (State or country) Rohde Island

MAIDEN NAME OF MOTHER Mary E. Donohue

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Nurse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. John G. Carroll

(Address) 1833 E. North ave

Filed 12/23 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

(DURATION) — DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) J. L. Ziglar M.D. Coroner

Address 211 N. Fremont

Date Dec 21 1906

Place of Burial Cathedral Cemetery

Date December 24th 1906

Undertaker Evans & Spencer

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 821 S. Port st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Maggie Gipprich

{ Residence, if in Baltimore, Give Street and Number. } 821 S. Port st.

Duration of Residence in Baltimore. Lifetime B 964 (2)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Sept 3d 1874

AGE 32 years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married.

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Miller

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Carrie Pfaff

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) August Gipprich

(Address) 821 S. Port st.

Filed 12/23 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20th 1906

I HEREBY CERTIFY, That I attended deceased from July 15th 1906 to Dec 20th 1906

that I last saw h alive on Dec 20th 1906,

and that death occurred, on the date stated above, at 10:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 5 Mos.

Contributory (Primary.)

(DURATION) DAYS

(Signed) Edw. M. Swigwood M.D.

Address 5 N. Washington pl

Date Dec 21st 1906

Place of Burial Holy Redeemer

Date Dec. 24th 1906

Undertaker Jno. A. Inman

Address Bank & Arnold

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 96453 — Registered No. B 96453 — 9r

CERTIFICATE OF DEATH.

(Place of Death.) No. 503 Spring street N. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Gilbert Jones

{Residence, if in Baltimore, Give Street and Number.} 503 Spring st

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black.

DATE OF BIRTH: Dec 22 1905

AGE: 1 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Melvin Marchant

BIRTHPLACE OF FATHER (State or country): Matthews Co. Va

MAIDEN NAME OF MOTHER: Nellie Jones

BIRTHPLACE OF MOTHER (State or country): Matthews Co. Va

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Gibson

(Address) 28 S Duncan Alley

Filed 12/23 1906

HARRY C. ANDRES, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 22 1906

that I last saw him alive on Dec 20 1906,

and that death occurred, on the date stated above, at 3.35 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Contributory (Primary.) Bronchopneumonia (DURATION) DAYS

(Signed) Ernest V. Smithes M.D.

Address North Eastern Dispensary

Date Dec 22 1906.

Place of Burial Laurel Cemetery

Date December 24th 1906

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96454 Registered No. B 96454

CERTIFICATE OF DEATH.

(Place of Death.) No. 28 S. Duncan Al. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Jackson

{ Residence, if in Baltimore, Give Street and Number. } 28 S. Duncan Al.

Duration of Residence in Baltimore. 30 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Black
DATE OF BIRTH	1843
AGE	63 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Va.
FULL NAME OF FATHER	Dont Know
BIRTHPLACE OF FATHER (State or country)	Dont know
MAIDEN NAME OF MOTHER	Dont Know
BIRTHPLACE OF MOTHER (State or country)	Dont Know
OCCUPATION OF DECEASED	House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Theodore W White

(Address) 1702 Gough.

Filed 12/23 1906

HARRY C. ANDRIANS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21st 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Dec. 21 1906

that I last saw h er alive on — — 1906,

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate)

Dropsy

(DURATION) 30 DAYS

Contributory (Primary.) Heart Dis

(DURATION) 20 DAYS

(Signed) J. L. Winans M.D.

Address 1735 Bank st

Date 12 - 22 1906

Place of Burial Laurel Cemetery

Date December 24th 1906

Undertaker Theodore White

Address 1702 Gough Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96455 Registered No. B 96455

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 811 N Fulton St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Sarah L. Maddux

{Residence, if in Baltimore, Give Street and Number.} 811 N. Fulton Ave.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mar 14 1836

AGE 70 years, 9 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Day

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Sarah Ryley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Collett

(Address) 811 N. Fulton ave

Filed 12/23 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21, 1906

I HEREBY CERTIFY, That I attended deceased from Decem. 17, 1906 to Decem. 21, 1906

that I last saw h[illegible] alive on Decem. 21, 1906

and that death occurred, on the date stated above, at 7.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Apoplexy

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) John Hood, M.D.

Address 608 N. Gilmor St.

Date December 23, 1906

Place of Burial Loudon Park

Date Dec 23 1906

Undertaker W. H. Turkington

Address Canton Casa

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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96456

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2643, York Road St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Susanna Maguire

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec (Month) 17 (Day) 1827 (Year)

AGE: 79 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: James L Maguire

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Sus Savage

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Col. E. Maguire

(Address) 2643 York Road

Filed 12/23/1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1906 to Dec 21st 1906

that I last saw h.. alive on Dec 21st 1906,

and that death occurred, on the date stated above, at 5.40 P. M. The CAUSE OF DEATH was as follows:

Apoplexy

..... (DURATION) ..... DAYS

Contributory .....

10 hours (DURATION) ..... DAYS

(Signed) W. H. Pearce M. D.

Dec 23 1906 (Address) 2115 Eutaw st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 24 1906.

UNDERTAKER: E. C. Wedefeldt & Brunner — ADDRESS: 2143

WM. J. C. DULANY CO., BALTIMORE.

✓

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 96457 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 N. Mount St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Edward R. Robinson

{Residence, if in Baltimore, Give Street and Number.} 105 N. Mount St.

Duration of Residence in Baltimore. Lifetime.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 16 1865

AGE 41 years, 7 months, 7 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Richard Robinson

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Emily J. Harford

BIRTHPLACE OF MOTHER (State or country) Balto Md

OCCUPATION OF DECEASED Baggage Master

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Fannie E. Robinson

(Address 105 N. Mount St

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Dec. 23 1906

that I last saw him alive on Dec 23 1906,

and that death occurred, on the date stated above, at 11.40 A.M. CAUSE OF DEATH (Secondary or Immediate)

Endo- and Pericarditis

Four weeks (DURATION) DAYS

Contributory (Primary.) Typhoid

Four weeks (DURATION) DAYS

(Signed) Alex. T. Vonbahr M.D.

Address 1635 W. Fayette St

Date Dec. 23 1906.

Place of Burial London Park

Date Dec 26 1906

Undertaker J. Z. Bleck

Address 1003 N. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96458

City of Baltimore, (No. 1723 Brunt St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Beatrice Alsdorf

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Colored

DATE OF BIRTH (Month) (Day) 1903 (Year)

AGE 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single.

BIRTHPLACE (State or country) New York

FULL NAME OF FATHER Edw. Adldorf.

BIRTHPLACE OF FATHER (State or country) New York.

MAIDEN NAME OF MOTHER Jennie Smith

BIRTHPLACE OF MOTHER (State or country) St Marys Co.

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jennie Alsdorf

(Address) 1723 Brunt St

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 21 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 21 1906

that I last saw h-r alive on Dec 15 1906

and that death occurred, on the date stated above, at 10:3- a. m. The CAUSE OF DEATH was as follows:

Endocarditis

Abt. Six weeks (DURATION) — DAYS

Contributory — (DURATION) DAYS

(Signed) W B Ryder M. D.

Dec 21 1906 (Address) 867 Harlem Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL St Peters Cemetery

DATE OF BURIAL Dec 24 1906

UNDERTAKER Felix B. Ryan

ADDRESS 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 96459 Registered No. B 96459

CERTIFICATE OF DEATH. 71

(Place of Death.) No. 1042 Homewood Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James E. Farrell

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 26 1906

AGE: ... years, ... months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Farrell

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Annie Kinmitt

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Farrell

(Address) 1042 Homewood Ave

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 13th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 8:15 A. M. CAUSE OF DEATH (Secondary or Immediate)

Infantile convulsions

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) H. E. Hyatt M.D.

Address 211 N. Fremont Ave Coroner

Date Dec 23d 1906

Place of Burial New Cathedral Cemetery

Date Dec 24 1906

Undertaker Henry Hooker & Son

Address 1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 6 — 96460 — Registered No. B 95160

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CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ann. ~~Mrs. William~~ Segrist.

{Residence, if in Baltimore, Give Street and Number.} 309 Bel Air Ave.

Duration of Residence in Baltimore. 3 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: Frederick Meyers

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Virginia Wallace

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Segrist

(Address) 309 Bel Air Ave

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8th 1906 to Dec 23rd 1906 that I last saw her alive on Dec 23rd 1906, and that death occurred, on the date stated above, at 5.10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage.

(DURATION) DAYS

Contributory (Primary.) Endothelioma.

(DURATION) DAYS

(Signed) R. W. Crawford M.D.

Address University Hospital

Date Dec 23rd 1906

Place of Burial Holy Redeemer Cem

Date Dec 26 1906

Undertaker Henry Hoch Son

Address 130 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 96461 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 306 Diamond alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Hardy

{ Residence, if in Baltimore, Give Street and Number. } 306 Diamond alley.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH ——— 1

AGE 33 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER James Berry

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Agnes Fields

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Agnes Fields

(Address) 306 Diamond alley

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23, 1906

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1906 to Dec 23, 1906 that I last saw h-im alive on Dec 22, 1906, and that death occurred, on the date stated above, at 1-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Brights Disease & Endocarditis

2 years (DURATION) = DAYS

Contributory (Primary.) Heart Failure (DURATION) 1 DAYS

(Signed) E. E. Langley, M.D.

Address Md Gen. Hospital

Date Dec 23 1906

Place of Burial St Peters

Date Dec 25 — 1906

Undertaker R. F. Ellicott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96462

City of Baltimore, (No. 618 Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Jesse

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: unknown

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: Milbran Ball

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: House Work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Neval Jesse

(Address) 618 Bradley St

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 22 1906

that I last saw h alive on Dec 22 1906,

and that death occurred, on the date stated above, at 1 P M. The CAUSE OF DEATH was as follows:

Lobar Pneumonia

(DURATION) 6 DAYS

Contributory Paralysis of right side & Heart (DURATION) — DAYS

(Signed) William E Burton M. D.

Dec 22 1906 (Address) 762 Dolphin St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn Cemetery	Dec 24 1906
UNDERTAKER	ADDRESS
R A Elliott	506 Rogers

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96463

City of Baltimore, (No. 1637 St. Joseph St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Roland Winslow Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: — (Month) 1 (Day) Year)

AGE: 11 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Charles, P. Jackson

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Ida Proctor

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Schoolboy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Ida Jackson

(Address) 1637 St Joseph St

Filed 12/24 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 21st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 19th 1906 to Dec 21st 1906

that I last saw him alive on Dec. 20th 1906,

and that death occurred, on the date stated above, at 7.45 A. M. The CAUSE OF DEATH was as follows:

Peritonitis (general)

(DURATION) 2 DAYS

Contributory Appendicitis

(DURATION) 4 DAYS

(Signed) Wm. D. White M. D.

Dec 21st 1906 (Address) 1101 N. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Dec 27 1906
UNDERTAKER	ADDRESS
R T Elliott	506 Rogers Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 — 96464 — Registered No. B 96464

CERTIFICATE OF DEATH.

(Place of Death.) No. 2336 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles Balster

{ Residence, if in Baltimore, Give Street and Number. } 2336 E. Fayette st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: February 22 1

AGE: 66 years, 9 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: John C. Balster

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Retired Cigar Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Elizabeth Balster

(Address) 2336 E. Fayette st

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 20th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 06 1906 to Dec 20 1906

that I last saw him alive on Dec 20 1906,

and that death occurred, on the date stated above, at 9.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Gastric Neoplasm &
Chronic Gastritis

about 2 yrs (DURATION) — DA

Contributory (Primary.)

Exhaustion (DURATION) 7 DAYS

(Signed) Geo Feller M.D.

Address 1937 Gough St

Date Dec 20, 1906

Place of Burial Mt Carmel Cemetary

Date DEC 24 1906 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96465

City of Baltimore, (No. 248 N Mount St.; 19th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda Blanch

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 76 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married Widowed

BIRTHPLACE (State or country): Annapolis

FULL NAME OF FATHER: F Dailey

BIRTHPLACE OF FATHER (State or country): Annapolis

MAIDEN NAME OF MOTHER: A. Dailey

BIRTHPLACE OF MOTHER (State or country): Portsmouth

OCCUPATION OF DECEASED: housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Lelia Blanch

(Address) 248 N. Mount St

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22. 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Dec 23 1906, that I last saw h[illegible] alive on Dec. 22 1906, and that death occurred, on the date stated above, at [illegible] P. M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) 2 DAYS

Contributory age

(DURATION) — DAYS

(Signed) J. R. Linthicum M. D.

Dec 23 1906 (Address) 1327 W. Fayette St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral Cem

DATE OF BURIAL: Dec 26 1906

UNDERTAKER: Wm Cook

ADDRESS: 1526 North

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 1146 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie E. Burke

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

B-96466

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1892

AGE 24 years, months, days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Burke

(Address) 1146 Aisquith

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 10:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Diabetes

Chronic

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D.

Address 211 N. Fremont Ave

Date Dec 24 1906

Place of Burial Holy Cross

Date Dec 25 1906

Undertaker McGinnis & Carroll

Address 1227 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Und
can be ascertained, the full name, sex, age, c
age, condition (whether married or single) of the person deceased, and the

Ward 1 — 96467 — Registered No. B 95167

146

CERTIFICATE OF DEATH.

(Place of Death.) No. St Josephs Hosp St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Raymond Wilson

{Residence, if in Baltimore, Give Street and Number.} 2826 Elliott St Canton

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 20th 1884

AGE: 22 years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Wesley Wilson

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary E. Rollins

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Wilson

(Address) 2826 Elliott St

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 21 1906 that I last saw h in alive on Dec 20 1906, and that death occurred, on the date stated above, at 12 a.m. CAUSE OF DEATH (Secondary or Immediate)

Abscess of brain

(DURATION) DAYS

Contributory (Primary.) acute meningitis (DURATION) DAYS

(Signed) Bernard Wise M.D.

Address St Josephs Hospital

Date Dec 21 1906

Place of Burial Mt Carmel

Date December 24th 1906

Undertaker H. Sander & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or siugle) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

27

CERTIFICATE OF DEATH.

96468

Registered No. B .....

City of Baltimore, (No. 507, S. Port St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm. R. Hughes

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: Wh

DATE OF BIRTH: March (Month) 4 (Day) 1864 (Year)

AGE: 42 years, 9 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Anthony Hughes

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Catherine —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louise M. Hughes

(Address) 507 S. Port St.

Filed 12/24 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 21 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 11 1905 to Dec. 20 1906

that I last saw h.. alive on Dec. 20 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) 335 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) S. Wolman M. D.

Dec. 21 1906 (Address) 129 N. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt. Calvary Cem | DATE OF BURIAL: Dec. 24 1906

UNDERTAKER: Handy & Sons | ADDRESS: 1710 Carlton Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 96469 Registered No. B 96469

116

CERTIFICATE OF DEATH.

(Place of Death.) No. Union Protestant Infirmary St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James B. Stafford

{Residence, if in Baltimore, Give Street and Number.} 3013 Baker St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 48 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: William W Stafford

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Caroline A Gardner

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irvin Stafford Pr 1/24

(Address) 3013 Baker St Walbrook

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 22d 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1906 to Dec. 22d 1906

that I last saw h in alive on Dec 22d 1906

and that death occurred, on the date stated above, at 2:30 a.m. CAUSE OF DEATH (Secondary or Immediate)

general peritonitis

(streptococcic)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) V. O. Riggs M.D.

Address 1514 Division St.

Date Dec. 22d 1906

Place of Burial Greenmount CEMETERY.

Date DEC 24 1906 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 96470 Registered No. B

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 810 S East Av St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Thomas Benser

{Residence, if in Baltimore, Give Street and Number.} 810 S East Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W

DATE OF BIRTH 1

AGE 71 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriett R. Benser

(Address) 810 S East Av

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 20 1906

that I last saw him alive on Dec 20 1906,

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 60 DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) O L Long M.D.

Address 2429 Faith ave

Date Dec 23 1906

Place of Burial Baltimore Cemetery

Date DEC 25 1906 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 96471 Registered No. B 96471

CERTIFICATE OF DEATH.

(Place of Death.) No. 222 N Wolfe St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Irving Clay Hopkins

{Residence, if in Baltimore, Give Street and Number.} 222 N Wolfe St

Duration of Residence in Baltimore. since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Nov 22 1906

AGE ..... years, one months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Irving Clay Hopkins

BIRTHPLACE OF FATHER (State or country) Prince Georges Co Md

MAIDEN NAME OF MOTHER Lucie E Cole

BIRTHPLACE OF MOTHER (State or country) Prince Georges Co Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucie E Cole

(Address) 222 N Wolfe

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 22 1906 that I last saw h[illegible] alive on Dec 22 1906, and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cellulitis

(DURATION) 3 DAYS

Contributory (Primary.) Bronchitis and Exhaustion (DURATION) 1 DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Dec 23. 1906

Place of Burial Balto. Cem.

Date Dec. 24/06 190

Undertaker Jos. J. Kerr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 96472 Registered No. B 96472

CERTIFICATE OF DEATH. 16

(Place of Death.) No. Franklin Square Hospital St. (If death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Herman Knapp

{ Residence, if in Baltimore, Give Street and Number. } 2012 W. Henry St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: Oct 5 1868	
AGE: 38 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower	
BIRTHPLACE (State or country): ~~Ger~~ Baltimore	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Tailor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Roloff

(Address) 107 S Payson St

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 to Dec 21 1906

that I last saw h... alive on ... 190...

and that death occurred, on the date stated above, at 6 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Suicide

Cut throat

Left Razor

Hemorrhage (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Edmund Jones M.D.

Address Coroners Sup

Date Dec 22nd 1906

Place of Burial Loudon Park

Date Dec 24. 1906

Undertaker Mrs Geo P. Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 96473 Registered No. B 96473

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1015 Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Daniel Lynch

{ Residence, if in Baltimore, Give Street and Number. } 1015 Ensor St.

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ....1....

AGE: 62 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Matthew Lynch

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Mary Fitzsimmons

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie M. Lynch

(Address) 1015 Ensor St.

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20th 1906 to Dec 24th 1906 that I last saw h[illegible] alive on Dec 23rd 1906, and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

5 weeks (DURATION) ....DAYS

Contributory (Primary.)

(DURATION) ....DAYS

(Signed) Jno. Bruce Boyle M.D.

Address 1001 N. Calvert St.

Date Dec 24th 1906

Place of Burial Evergreen St. Mary's Cemetery

Date Dec. 26th 1906

Undertaker Henry Storck & Son

Address 130 E. Eager St.

WM. J. C. DULANY CO. BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 96474

City of Baltimore, (No. 14 N. Bruce St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Laurence Young.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Lloyd Young

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Martha Fields

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Fields

(Address) 14 N. Bruce St

Filed 12/24 1906

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 15 1906 to Dec. 19 1906 that I last saw him alive on Dec 19 1906, and that death occurred, on the date stated above, at 5.30 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

2 weeks (DURATION) ..... DAYS

Contributory Bronchitis 2 months (DURATION) ..... DAYS

(Signed) Alex. T. Vordenberg M.D.

Dec. 22 1906 (Address) 1635 W. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Laurel Cemetery | DATE OF BURIAL Dec 24 1906

UNDERTAKER Crowley Bros | ADDRESS 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fill out and sign a certificate of death, and within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate of death, and before any burial, a certificate can be obtained, the full name, sex, age, condition (whether married or single) of the person

Ward 7 — 96475 — Registered No. B 96475

CERTIFICATE OF DEATH.

(Place of Death.) No. 24 S. Pulaski St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Virginia Petra

{ Residence, if in Baltimore, Give Street and Number. } 24 S. Pulaski St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 16 1906

AGE: ..... years, ... months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Conrad Ernest Petra

BIRTHPLACE OF FATHER (State or country): New York

MAIDEN NAME OF MOTHER: Elizabeth Meyer

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Petra

(Address) 24 S Pulaski St

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from Dec 22 (a.m.) 1906 to Dec 23 (p.m.) 1906 that I last saw her alive on Dec 23 1906, and that death occurred, on the date stated above, at 10.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Trismus Neonatorum

(DURATION) 3 or 4 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C. A. McDowell M.D.

Address 1521 W. Fayette St

Date Dec. 24 1906

Place of Burial Western Cemetery

Date Dec 24 1906

Undertaker Mrs Geo P Paulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 96476 Registered No. B 96476

40

CERTIFICATE OF DEATH.

(Place of Death.) No. 14 S Curley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Barbara Hallenstein

{Residence, if in Baltimore, Give Street and Number.} 14 S Curley

Duration of Residence in Baltimore. 30 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH December 15th 1831

AGE 75 years, — months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs W^m H Myers

(Address) 14 S. Curley

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from Nov 18 1906 to Dec 23 1906

that I last saw h er alive on Dec 22 1906,

and that death occurred, on the date stated above, at 4 a M. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma Stomach

Pleura

3 mo (DURATION) DAYS

Contributory (Primary.) Exhaustion

(DURATION) DAYS

(Signed) Chas. F Blake M.D.

Address 15-23 E Balto

Date Dec 27 1906

Place of Burial Baltimore Cem

Date Dec 25" 1906

Undertaker Geo. M. Fink

Address 811 N. Wolfe St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96477

City of Baltimore, (No. 329 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Christian Grenedgrieper

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Sept 17 1824 (Month) (Day) (Year)
AGE	82 years, 3 months, 6 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry C. Grenedgrieper

(Address) 1538 W. Lexington St

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 9 1906 to Dec 23 1906 that I last saw h im alive on Dec 23 1906, and that death occurred, on the date stated above, at 8 15 P.M. The CAUSE OF DEATH was as follows:

Uraemic Coma

(DURATION) 2 DAYS

Contributory Mitral Regurgitation

Arterio Sclerosis (DURATION) DAYS

(Signed) F. Lang M. D.

Dec 24 1906 (Address) 933 N. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec 26th 1906
UNDERTAKER	ADDRESS
Geo J Smith & Co	1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 — 96478 — Registered No. B 96478

CERTIFICATE OF DEATH.

(Place of Death.) No. 1342 Cleveland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Walter Sattler

{Residence, if in Baltimore, Give Street and Number.} 1342 Cleveland

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 14 years, 2 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Walter Sattler

BIRTHPLACE OF FATHER (State or country) Balto

MAIDEN NAME OF MOTHER Emma Creighton

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Worker Hosiery

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Sattler

(Address) 1342 Cleveland

Filed 12/24 1906 HARRY C. ANDRESS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 that I last saw h alive on 1906 and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Paralysis

(DURATION) DAYS

Contributory (Primary) Inanition + Wound Probably Self Inflicted (DURATION) DAYS

(Signed) G. Frank Jones M.D. Coroner for B

Address

Date Dec 23 1906

Place of Burial Western Cemt

Date Dec 24 1906

Undertaker John J. Corvan

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 96479

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James M. Keenan

{ Residence, if in Baltimore, Give Street and Number. } "

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR white

DATE OF BIRTH : 1

AGE 57 years, ... months, ... days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ widower

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (State or country) "

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) "

OCCUPATION OF DECEASED Hatter.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemar Hollyday.

(Address) BAY VIEW ASYLUM.

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 8 1906 to Dec. 23 1906 that I last saw him alive on Dec. 23 1906 and that death occurred, on the date stated above, at 5-30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

(DURATION) ..... DAYS

(Signed) Horace U. Nicholson M.D.

Address Bay View Hospital

Date Dec. 23 1906

Place of Burial Sacred Heart

Date Dec. 24th 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 96480

CERTIFICATE OF DEATH.

27

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Alexander Majewski

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH ..... 1 .....

AGE 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Holliday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1906 to Dec. 23 1906 that I last saw him alive on Dec. 23 1906 and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

Broncho Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Dec. 24 — 1906

Place of Burial Sacred Heart

Date Dec. 24 1906

Undertaker Evans + Spence

Address 118 + 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 96481

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Crowe

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 62 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1906

I HEREBY CERTIFY, That I attended deceased from Nov 20 1906 to Dec 24 1906

that I last saw h[illegible] alive on Dec 24 1906

and that death occurred, on the date stated above, at 11 A M, CAUSE OF DEATH (Secondary or Immediate)

Aortic and Mitral Regurgitation.
Cardiac Debilitation, P.M.
General Anasarca

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Dec 24 1906

Place of Burial Sacred Heart

Date Dec. 24 1906

Undertaker Evans & Spence

Address 118 & 120 West Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.** notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96482 Registered No. B 96482

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 822 Stirling — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sabina Saunders

{Residence, if in Baltimore, Give Street and Number.} 822 Stirling Ave

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 70 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Cambridge, Md.

FULL NAME OF FATHER George Saunders.

BIRTHPLACE OF FATHER (State or country) Cambridge Md.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown.

OCCUPATION OF DECEASED. Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Fannie Hicks,

(Address) 822 Stirling St.

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from 12 18 1906 to 12 23 1906 that I last saw her alive on Dec 23 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate) Pneumonia continued

Heart failure

— (DURATION) 5 DAYS

Contributory (Primary.) Heart

— (DURATION) 5 DAYS

(Signed) Dr. G. W. Leonard M.D.

Address 707 Enon St

Date Dec 23 1906

Place of Burial Cambridge, Md.

Date December 25, 1906

Undertaker Felix B. Pyle

Address 122 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96483 Registered No. B 96483 19

CERTIFICATE OF DEATH.

(Place of Death.) No. Cor Greene + Balto . St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Andrew Rome

{ Residence, if in Baltimore, Give Street and Number. } 659 George St

Duration of Residence in Baltimore. ~~Life~~ 20 Yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR colored

DATE OF BIRTH ..... 1 .....

AGE 30 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Richard Rome

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Unknown

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Maggie Rome

(Address) 338 Bond St.

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

Duration

(DURATION) ..... DAYS

Contributory (Primary)

(DURATION) ..... DAYS

(Signed) Patrick F Martin M.D.

Address Coroner

Date Dec 23 1906

Place of Burial Mt Auburn Cemy.

Date Dec 25 1906

Undertaker Felix B. Pyle

Address 1026 Mulberry St

WM. J. C. DULANY CO., ENGRAVERS.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96484

City of Baltimore, (No. 867 Pierce St St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dennis Fowler

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored.

DATE OF BIRTH ..... (Month) ..... (Day) 1 (Year)

AGE 25 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto. Co.

FULL NAME OF FATHER Dennis Fowler

BIRTHPLACE OF FATHER (State or country) Howard Co.

MAIDEN NAME OF MOTHER Jennie Hollin.

BIRTHPLACE OF MOTHER (State or country) Md.

OCCUPATION OF DECEASED Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rosaline Fowler

(Address) 867 Pierce St.

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 23 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 27 1906 to Dec 27 1906

that I last saw h~~e~~ alive on Dec 20 1906,

and that death occurred, on the date stated above, at 2 A. M. The CAUSE OF DEATH was as follows:

Phthisis Pulmonalis

(DURATION) 90 DAYS

Contributory Exhaustion

(DURATION) 1 DAYS

(Signed) Jno Masten M. D.

Dec 24 1906 (Address) 852 W. Mulberry

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Loudon Park Cem DATE OF BURIAL Dec 25 1906

UNDERTAKER Peter A. Pye ADDRESS 102 E. Mulberry

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 14 96485 Registered No. B 96485

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anthony Carter

{Residence, if in Baltimore, Give Street and Number.} 1902 Druid Hill Ave

Duration of Residence in Baltimore.- Unknown

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): British Columbia

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country): unknown

MAIDEN NAME OF MOTHER: unknown

BIRTHPLACE OF MOTHER (State or country): unknown

OCCUPATION OF DECEASED: Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rev. Braggs

(Address) 1132 Park Ave

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 22 1906

that I last saw h.. alive on Dec 22 1906,

and that death occurred, on the date stated above, at 3:45 A. M.

I. CAUSE OF DEATH (Secondary or Immediate)

Carcinoma of Stomach.

..... (DURATION) ..... DAYS

Contributory (Primary.)

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Dec 24 1906

Place of Burial Laurel Cemetery

Date Dec 24 1906

Undertaker Felix B. Pyle

Address 1026 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward ..... 96486 Registered No. B 96486 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 628 N. Broadway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs Emma Burgess (Emma Burgess)

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Aug 29 1828

AGE: 78 years, 3 months, 25 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John McKinna

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary Sadler

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura B. Hodges

(Address) 628 N. Broadway

Filed 12/24 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22nd 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 8 A. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, Chronic

Dropsy & Angina

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. L. Lightner Coroner M.D.

Address 711 W. Lanvale

Date Dec 22nd 1906

Place of Burial Loudon Park Cem.

Date DEC 26 1906

Undertaker Wm. C. Fly

Address 628 N. BROADWAY

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 96487 Registered No. B 96487

CERTIFICATE OF DEATH.

(Place of Death.) No. 811. Jackson Ct. St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name William S Decker

{Residence, if in Baltimore, Give Street and Number.} 811. Jackson Ct.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 13th 1863
AGE	43 years, — months, 10 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	married
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	John G. Decker
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Catharine —
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Night watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ricky Decker

(Address) 811. Jackson Ct

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

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MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23d 1906.

I HEREBY CERTIFY, That I attended deceased from August 4th 1906 to Dec 23 1906 that I last saw h im alive on Dec 22 1906 and that death occurred, on the date stated above, at 1.20 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis (DURATION) One Year

Contributory (Primary.)

Grip & Pneumonia (DURATION) 4 Days

(Signed) Edward E. Mastings M.D.

Address 1339 W. North Ave

Date Balto Dec 24th 1906.

Place of Burial Western Cemetery

Date Dec 25th 1906

Undertaker Henry C. Branning

Address 5. S. Appleton St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12 96488 Registered No. B 96488

150

CERTIFICATE OF DEATH.

(Place of Death.) No. 2001 Gulford Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name William H Bateman, IV.

{Residence, if in Baltimore, Give Street and Number.} 2001 Gulford Ave.

Duration of Residence in Baltimore. 7 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: Dec. 27, 1902

AGE: 3 years, 11 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Delaware Co, Pa.

FULL NAME OF FATHER: Wm. H. Bateman, Jr.

BIRTHPLACE OF FATHER (State or country): Balto., Md.

MAIDEN NAME OF MOTHER: Emma A. Coates

BIRTHPLACE OF MOTHER (State or country): Ohio

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. H. Bateman, Jr.

(Address) 2001 Gulford Ave.

Filed Dec 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to Dec 23 1906

that I last saw him alive on Dec 23 1906,

and that death occurred, on the date stated above, at 12.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Acute Asphyxia. Dr Wm D. Booker Consultant.

(DURATION) 3½ hours DAYS

Contributory (Primary.) Congenital Heart disease Patent foramen Dr Wm R Stokes performed Autopsy (DURATION) ovalays

(Signed) Henry Reese Brent M.D.

Address 2535 St Paul St

Date Dec 24th. 1906

Place of Burial London Park Cemetery

Date Dec 25, 1906

Undertaker H. W. Means & Son

Address 805 Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 1 Registered No. B 90439 90

CERTIFICATE OF DEATH.

(Place of Death.) No. 1917 E Eager st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Vesely

{Residence, if in Baltimore, Give Street and Number.} 1917 E Eager St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Nov 18 1906

AGE ..... years, x months, 5 wks days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Vesely

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Katie Sudwik

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Katie Vesely

(Address) 1917 E. Eager st

Filed

..... 190 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 4 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 4 190 to Dec 23 1906

that I last saw h... alive on 23 1906,

and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Capilary Bronchitis

(DURATION) 4 DAYS

Contributory (Primary) Being a Triplet and very frail (DURATION) DAYS

(Signed) Thos J Kenny M.D.

Address 1625 N Wolfe st

Date Dec 24 1906

Place of Burial Oak Hill

Date Dec 25 1906

Undertaker Frank Brosch

Address 1904 Ashland Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 96490 Registered No. B 96490 95

CERTIFICATE OF DEATH.

(Place of Death.) No. 1013 S. Patuxent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Fitzgerald

{ Residence, if in Baltimore, Give Street and Number. } 1013 S. Patuxent St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Jan 4th 1866

AGE 38 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Thomas Fitzgerald

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Margaret Hill

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Stevedore

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Fitzgerald

(Address) 1013 S. Patuxent St

Filed Dec 29 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1906 to Dec. 23 1906 that I last saw him alive on Dec. 23 1906 and that death occurred, on the date stated above, at 5 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Hypostatic Pneumonia (DURATION) 24 hrs

Contributory (Primary.)

Toxemia (DURATION) — Days

(Signed) M. J. McAvoy M.D.

Address 839 S. Eutaw St

Date 190

Place of Burial Holy Cross Cem.

Date Dec. 26th 1906

Undertaker Jno. A. Inman

Address Bank & Annsbo

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 Registered No. B 1170

CERTIFICATE OF DEATH.

(Place of Death.) No. 127 W. Clement St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Permetta Lewis

{Residence, if in Baltimore, Give Street and Number.} 127 W. Clement pl.

Duration of Residence in Baltimore. abt 70 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: March 6 1819

AGE: 87 years, 9 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Mathews Co., Va

FULL NAME OF FATHER: John Bassett

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: unk Known.

BIRTHPLACE OF MOTHER (State or country): unk Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Lewis

(Address) 127 W. Clement pl.

Filed Dec 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 21 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 21 1906

that I last saw h[illegible] alive on Dec 21 1906,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) Some years DAYS

Contributory (Primary.) Oedema of Lungs

(DURATION) 2 DAYS

(Signed) Robt. J. Schmidt M.D.

Address 1318 N. Charles St.

Date Dec. 21 1906

Place of Burial Mount Olivet Cem

Date Dec 25th 1906

Undertaker D. Schloman & Son

Address 1039 Hanover St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1416 E. Monument St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Edmond Giddings

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	Colored
DATE OF BIRTH	Dont Known — 1 (Month) (Day) Year)
AGE	From best information 58 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married.
BIRTHPLACE (State or country)	Virginia Northampton Co
FULL NAME OF FATHER	Dont Known Entire Station.
BIRTHPLACE OF FATHER (State or country)	Dont Known.
MAIDEN NAME OF MOTHER	Dont Known
BIRTHPLACE OF MOTHER (State or country)	Dont Known,
OCCUPATION OF DECEASED	Janitor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Giddens

(Address) 1421 Monument St

Filed Dec 27 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 22. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 22 1906 that I last saw h.. alive on Dec 22 1906, and that death occurred, on the date stated above, at 10.30 P.M. The CAUSE OF DEATH was as follows:

Pneumonia of Right Lung

(DURATION) 17 DAYS

Contributory Asthenia

(DURATION) 17 DAYS

(Signed) B. H. Lawrence M. D.

Dec 27 1906 (Address) 914 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt. Auburn	12-25 1906
UNDERTAKER	ADDRESS
Jno H. Jenkins	142 Woodyard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 164

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lewis Butler

{Residence, if in Baltimore, Give Street and Number.} 223 W Hamilton St

B-56493

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: C

DATE OF BIRTH: 1

AGE: 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: Richard Butler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Lucy Brooks

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martina Butler

(Address) 223 W. Hamilton St

Filed Dec 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22 1906

I HEREBY CERTIFY, That I attended deceased from Dec 22 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at .....

I. CAUSE OF DEATH (Secondary or Immediate)

Broken Neck

(Accidental fall from building)

a.z.y. (DURATION) 3 DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) Patrick F Harlow M.D.

Address 1 W Pratt

Date Dec 24 1906.

Place of Burial Mt Auburn

Date Dec 26 1906

Undertaker John A Frazier

Address 1412 W Pratt

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 96494

Registered No. B 96494

CERTIFICATE OF DEATH.

(Place of Death.) No. 312, Albemarle St. St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number)

Full Name William Duffy

{Residence, if in Baltimore, Give Street and Number.} 312, Albemarle st.

Duration of Residence in Baltimore. 40 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: aug 10 1845

AGE: 61 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: M. Duffy

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Glynn

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Duffy

(Address) 312 Albemarle

Filed

Dec 20 1906 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 23rd 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 20 1906 to Dec. 22 1906

that I last saw h.im alive on Dec. 22 1906,

and that death occurred, on the date stated above, at 5.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 2 DAYS

Contributory (Primary.) Apoplexy

(DURATION) 2 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121 Jackson Square

Date Dec. 24. 1906

Place of Burial Mt. Vincent

Date Dec 26 1906

Undertaker Robt J Turner.

Address Bway, & Oliver

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Coroner, when the case comes under his or the Coroner superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased; and the **cause and date of death.**

Ward 24 — 96495 — Registered No. B 96495

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 805. Covington St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Katie E. Grickel

{Residence, if in Baltimore, Give Street and Number.} 805. Covington

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR White

DATE OF BIRTH Oct 19th 1889.

AGE 17 years, 7 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore Md

FULL NAME OF FATHER Charles G. Grickel

BIRTHPLACE OF FATHER (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Caroline Strickel

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles G. Grickel

(Address) 805 Covington St

Filed Dec 24 1906 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 21st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 14th 1906 to Dec 21st 1906

that I last saw h[illegible] alive on Dec 21st 1906

and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate

Pleur Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Dec 23rd 1906

Place of Burial Loraine Cemetery

Date December 25th 1906

Undertaker Edward L. Fanning

Address 1460 Battery Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... Registered No. B 96455

CERTIFICATE OF DEATH.

(Place of Death.) No. 832 S. Milton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Wroblewski or Sparling

{Residence, if in Baltimore, Give Street and Number.} 832 S. Milton Ave

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: M. | COLOR: W.

DATE OF BIRTH: ..... 1 .....

AGE: 67 years, — months, — days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Poland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Poland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Wroblewski

(Address) 832 S. Milton Ave.

Filed Dec 24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1906 to Dec 24th 1906

that I last saw h alive on Dec 23 1906,

and that death occurred, on the date stated above, at 3 a m.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Terminal

(DURATION) DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) C H Athey M.D.

Address 2 Hudson St

Date Dec 24th 1906

Place of Burial St. Mary's Cem.

Date Dec. 26th 1906

Undertaker Kendall Bisphen & Son

Address 330 S. Bond St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 19 — Registered No. B 96497

CERTIFICATE OF DEATH.

(Place of Death.) No. 943 N. Bond St. St. — If Death occurred in Hospital or Institution, give its Name instead of Street and Number. 96497 39

Full Name Bernhard Schiffel

{Residence, if in Baltimore, Give Street and Number.} 943 N. Bond St.

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Feb. 21st 1844

AGE 62 years, 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cigarmaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed Jany 1907 — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23rd 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1906 to Dec 23rd 1906.

that I last saw him alive on Dec. 23 1906.

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Asthma

Cancer of Mouth (DURATION) DAYS

Contributory (Primary) Empyema (DURATION) DAYS

(Signed) Charles A. Meyer M.D.

Address 1031 N. Caroline St

Date Dec. 24th 1906.

Place of Burial Mount Carmel

Date December 26 1906

Undertaker Henry Lutz

Address 1007 N. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 (64?6)

Registered No. B 96498

157

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Mt. Vincent Saf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Morteri Smith

{Residence, if in Baltimore, Give Street and Number.} St. Vincent Saf Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
M.	W

DATE OF BIRTH: Nov. 11, 1906

AGE: ..... years, 1 month, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): C. G.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Dec 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 23d 1906

I HEREBY CERTIFY, That I attended deceased from Nov 11 1906 to Dec 23 1906

that I last saw h[illegible] alive on Dec 22 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) E. H. Hayward M.D.

Address 1230 N Caroline

Date 190

Place of Burial New Cathedral

Date Dec 24th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 Registered No. B 96499

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Vincent. Inf. Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rose French

{ Residence, if in Baltimore, Give Street and Number. } St Vincent. Inf Asylum

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
F	W.

DATE OF BIRTH Dec. 23, 1906

AGE ..... years, ... months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or country) L. I.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed Dec 24 1906 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 3 1906 to Dec 23 1906

that I last saw her alive on Dec 22 1906,

and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate)

Syphilis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. H. Hayward, M.D.

Address 1232 N Caroline

Date Dec. 24 1906

Place of Burial New Cathedral

Date Dec 24th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 14 Registered No. B

CERTIFICATE OF DEATH.

151

(Place of Death.) No St Vincents Inf Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name August Bormun

{Residence, if in Baltimore, Give Street and Number.} St Vincent Inf. Asy.

B-96500

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: Dec 13 1906

AGE: ..... years, ... months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): L. I.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. V. I. Asy.

Filed 24 1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 23 1906

that I last saw h[illegible] alive on Dec 23 1906,

and that death occurred, on the date stated above, at 9 M. CAUSE OF DEATH (Secondary or Immediate)

Premature Child -
Congenital Weakness

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Hayward M.D.

Address 1230 N Carolina

Date 12-24 1906

Place of Burial New Cathedral

Date Dec 24th 1906

Undertaker Martin Gahey & Sons

Address 606 Lafayette Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Dec 24

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96501

Registered No. B

City of Baltimore, (No. 330 W. Biddle St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John D. Davis

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: col

DATE OF BIRTH: Dont Know (Month) 1 (Day) Year)

AGE: about 75 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John Davis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Engineer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. A. Bishop

(Address) 1107 Druid Hill Ave

Filed 12/25 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 22 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from March 3" 1906 to Dec 22 1906

that I last saw him alive on Dec 22" 1906

and that death occurred, on the date stated above, at 6.28 P. M. The CAUSE OF DEATH was as follows:

Cancer of the face. (Involvement of entire left upper lip - Maxillary Sinus)

(DURATION) 1 yr DAYS

Contributory Senile Exhaustion.

(DURATION) — DAYS

(Signed) Wm B McDonald M. D.

Dec 24 1906 (Address) 1300 E Lin Bmore

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 27 1906

UNDERTAKER: John A. Bishop

ADDRESS: 1107 Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96502

City of Baltimore, (No. 2142 W. Fayette St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bessie Dunn

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	..... 1 ..... (Month) (Day) Year)
AGE	21 years, — months, — days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	August Winders
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Maggie O Donnell
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Fields

(Address) 1200 N. Fremont

Filed 12/25 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 24 1906 190
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 24 1906

that I last saw h[illegible] alive on DEC 23 1906,

and that death occurred, on the date stated above, at 4 a. m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Wm. J. C. Dulany Thomas M. D.

DEC 24 1906 (Address) 633 Carrollton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 26th 1906
UNDERTAKER	ADDRESS
John F. Field	1200 N. Fremont

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — Registered No. B 96503

96503

CERTIFICATE OF DEATH.

(Place of Death.) No. 204 Lee Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jacob Goldstein Little

{Residence, if in Baltimore, Give Street and Number.} 204 Gough St

Duration of Residence in Baltimore. 15 years

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W.

DATE OF BIRTH 1

AGE 57 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Abraham Goldstein

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Gitte Miller

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. Albert

(Address) 2014 E. Pratt St.

Filed 12/25 1906 HARRY O. ANDREWS, PERMIT CLERK & Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24 1906

I HEREBY CERTIFY, That I attended deceased from December 15 1906 to Dec 23 1906 that I last saw him alive on Dec 23 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis

(DURATION) 23 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) H. Fluidg M.D.

Address 119 E. Balto St

Date Dec 24. 1906

Place of Burial Philo Rd Dem Run

Date Dec 25, 1906

Undertaker Mat Lininger

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96504 Registered No. B 96504

92

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 S. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philomena Kane

{Residence, if in Baltimore, Give Street and Number.} 238 S. Collington Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: 4-29- 1904

AGE: 1 year 8 months — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto.

FULL NAME OF FATHER: James P. Kane

BIRTHPLACE OF FATHER (State or country): Balto.

MAIDEN NAME OF MOTHER: Sarah Dougherty

BIRTHPLACE OF MOTHER (State or country): Balto.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James P. Kane

(Address) 238 S. Collington Ave

Filed 12/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23" 1906

I HEREBY CERTIFY, That I attended deceased from Dec 6" 1906 to Dec 23 1906 that I last saw h[illegible] alive on Dec 22 1906, and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Bronchial Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. Kelly Davis M.D.

Address 122 E. Chase St

Date Dec-24-06 1906

Place of Burial St. Patrick's Cemetery

Date 12-25-th 1906

Undertaker Wm. H. Gauthrop

Address 901 N. North Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96505

City of Baltimore, (No. 819 Warwick Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Harold Paul Mayers

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Nov. 18. (Month) 1906 (Year)

AGE: ..... years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ~~Married~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: George Francis Mayers

BIRTHPLACE OF FATHER (State or country): Baltimore Md.

MAIDEN NAME OF MOTHER: Anita Uhler.

BIRTHPLACE OF MOTHER (State or country): Balto. County

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George F. Mayers.

(Address) 819 Warwick Ave.

Filed 12/25 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 24th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1906 to Dec 23rd 1906 that I last saw him alive on Dec 23rd 1906, and that death occurred, on the date stated above, at 2.45 A.M. The CAUSE OF DEATH was as follows:

Strangulated hernia, Operated upon Dec 17th 1906 for hernia with resection of bowel. Died of exhaustion

(DURATION) 7 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Jno. G. Lay, M. D.

Dec 24th 1906 (Address) 8 E. Park Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral

DATE OF BURIAL: Dec-25 1906

UNDERTAKER: Wm. H. Gauntlup

ADDRESS: 901 N. Entaw

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, to furnish within ***twenty-four hours after death***, to the Undertaker, or to the Coroner, when the case comes under his notice, to furnish within can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 96506 Registered No. B 96506

13

CERTIFICATE OF DEATH.

(Place of Death.) No. Hotel Altamont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eliza W Wade

{ Residence, if in Baltimore, Give Street and Number. } Hotel Altamont

Duration of Residence in Baltimore. 10 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec 12 1831

AGE: 75 years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: Daniel Wade

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: Eliza White

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Rufus Goodenow

(Address) 1225 N. Calvert St

Filed 12/25 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from Oct 20 1906 to Dec 22 1906

that I last saw h[er] alive on Dec 22 1906,

and that death occurred, on the date stated above, at 12 1/2 M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) DAYS

Con'tributory (Primary.) Pneumonia (acute lobar) (DURATION) 7 DAYS

(Signed) Thomas R Brown M.D.

Address 17 W. Biddle St.

Date Dec 23. 1906. 190

Place of Burial Greenmount Cemetery

Date Wednesday Dec. 26, 1906

Undertaker Evans & Spence

Address 118 & 120 Mt. Royal Ave.

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96507 Registered No. B

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 804 Willow St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Kerr

{Residence, if in Baltimore, Give Street and Number.} 804 Willow St

Duration of Residence in Baltimore. 2 Yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH —— 1

AGE 64 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Thos. Conner

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Garvy

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie Kilgore

(Address) 804 Willow St

Filed 12/15 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1906

I HEREBY CERTIFY, That I attended deceased from April 22 1906 to Dec 1st 1906

that I last saw her alive on Dec 1st 1906,

and that death occurred, on the date stated above, at 11:15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Senility

(DURATION) —— DAYS

Contributory (Primary)

(DURATION) —— DAYS

(Signed) L. M. C. Parker M.D.

Address 1051 Ausgusta St

Date Dec 24th 1906

Place of Burial Holy Cross

Date Dec 26 1906

Undertaker Wm Cook

Address 502 E Hatton Ad

WM. J. C. DULANY CO., BALTIMORE.

Pat. I had not attended by no physician but myself.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 3 96508 Registered No. B 96508

CERTIFICATE OF DEATH.

56

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Louis Arata

{ Residence, if in Baltimore, Give Street and Number. } High & Eastern Ave

Duration of Residence in Baltimore. 38 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE (38) 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) D.C.

FULL NAME OF FATHER John Arata

BIRTHPLACE OF FATHER (State or country) Italy

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Labarer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary V. Arata

(Address) 1614 Bank St

Filed 12/25 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Dec 24 1906

that I last saw him alive on Dec 24 1906

and that death occurred, on the date stated above, at 8 a M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Odema

(DURATION) 2 DAYS

Con'tributory (Primary.) Alcoholism

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospitals

Date December 24 1906

Place of Burial Holy Redeemer Cem

Date Dec 26 1906

Undertaker William Cook

Address 502 E Fort Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96509

City of Baltimore. (No. 1443, Covington St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Bernard Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	August (Month) 20 (Day) 1905 (Year)
AGE	1 years, 4 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore, Md
FULL NAME OF FATHER	Geo. Smith
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Emma Williams
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Smith

(Address) 1443 Covington St.

Filed 12/25 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December (Month) 28th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19th 1906 to Dec 23rd 1906 that I last saw him alive on Dec 23rd 1906, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 6 DAYS

Contributory Heart weakness

(DURATION) 1 DAY

(Signed) Jennie R. Browne M.D.

Dec 23rd 1906 (Address) 1310 S. Charles St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

~~Former~~ Usual Residence 115 S. Bentz How long at Place of Death 8 Days

Where was disease contracted, if not at place of death? at place of death

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 26 1906
UNDERTAKER	ADDRESS
John J. Fahey	1232 William

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 18 96510 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 1026 W Lexington St (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Louisa Bowyer

{ Residence, if in Baltimore, Give Street and Number. } 1026 W Lexington

Duration of Residence in Baltimore. 40yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black

DATE OF BIRTH ..... 1.....

AGE 80 2 ..... years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard Co

FULL NAME OF FATHER Dont Know

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Pitt

(Address) 1026 W Lexington

Filed 12/25 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190.... to ..... 190....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at ..... M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

..... (DURATION) ..... DAYS

Contributory (Primary)

..... (DURATION) ..... DAYS

(Signed) C Ingalls Jones M.D.

Address 1026 W Lexington St

Date Dec 24 1906

Place of Burial Mt. Auburn

Date Dec 25 1906

Undertaker John N. Trudeau

Address 942 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 2 — 96511 — Registered No. B 1

CERTIFICATE OF DEATH.

(Place of Death.) No. 719 S Bond st — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Kruk

{Residence, if in Baltimore, Give Street and Number.} 719 S. Bond st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	3 years Days months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	719 S Bond
FULL NAME OF FATHER	John Kruk
BIRTHPLACE OF FATHER (State or country)	Poland
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	Poland
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kruk

(Address) 719 S. Bond st

Filed

190 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 = 1906

I HEREBY CERTIFY, That I attended deceased from — 190 to — 190

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) Thomas Dudley Coroner M.D.

Address 320 E Lanvale St

Date 190

Place of Burial Holy Rosary Cem.

Date Dec. 26th 1906

Undertaker Mudell Liptak & Son

Address 330 S. Bond st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 96512 — Registered No. B 136

CERTIFICATE OF DEATH.

(Place of Death.) No. Maryland General Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Pearl Young.

{Residence, if in Baltimore, Give Street and Number.} 915 Elm Place.

Duration of Residence in Baltimore. 6 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Black.

DATE OF BIRTH: 1

AGE: 19 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: M.

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: H Carter

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Pearl Carrel.

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Housework.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas B Jones Jr

(Address) 506 Rogers Ave

Filed 12/25/1906 HARRY O. ANDREWS, PUBLIC CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 22. 1906.

I HEREBY CERTIFY, That I attended deceased from Nov 17 1906 to Dec 22 1906 that I last saw h[er] alive on Dec 22 1906 and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Eclampsia following by Pneumonia.

(DURATION) 35 DAYS

Contributory (Primary.) Eclampsia. (DURATION) DAYS

(Signed) W G Jacks M.D.

Address Md Gen Hosp

Date Dec 23 1906

Place of Burial Laurel

Date Dec 25 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 16 Registered No. B [illegible]

CERTIFICATE OF DEATH.

(Place of Death.) No. 835 W Saratoga St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Grossman

{ Residence, if in Baltimore, Give Street and Number. } Real Land Mich Avenue & Md

B-96513

Duration of Residence in Baltimore. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH 1

AGE 67 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Henry Grossman

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Amelia Diffendoffer

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Farmer ~~Farmer~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Kate Buck

(Address) 631 N Fremont ave

Filed Dec 27th 1906

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1906

I HEREBY CERTIFY, That I attended deceased from a person 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

Found dead in bed

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Patrick F Martin M.D.

Coroner

Address

Date Dec 25 1906.

Place of Burial Loudon Park

Date Dec. 26th 1906

Undertaker G.F. Haskins

Address 723 N Lafayette ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, [illegible]

Ward 10 Registered No. B 96514

CERTIFICATE OF DEATH.

(Place of Death.) No. 312, Albemarle St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Healey

{Residence, if in Baltimore, Give Street and Number.} 312 Albemarle St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 1 1905

AGE 1 years, — months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Edward L Healey.

BIRTHPLACE OF FATHER (State or country) Balto md

MAIDEN NAME OF MOTHER Mollie Duffy

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED [illegible]

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mollie Duffy

(Address) 312 Albemarle

Filed Dec 26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

C & N Co, R

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25th, 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1906 to Dec. 24 1906 that I last saw her alive on Dec. 24 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Influenza

(DURATION) 3 DAYS

Contributory (Primary.) Influenza

(DURATION) 3 DAYS

(Signed) Pierre G. Dausch M.D.

Address 121, Jackson Square

Date Dec. 25 1906

Place of Burial St Vincent

Date Dec 26 1906

Undertaker Robt J Turnes

Address Bray, Md

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96515

City of Baltimore, (No. 2848 Woodbrook Ave Street) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Magdalena Niner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March (Month) 13 (Day) 1834 (Year)

AGE: 72 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: [illegible]

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Horter

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Niner

(Address) 2846 Woodbrook Ave

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 24 1906

that I last saw her alive on Dec 24 1906,

and that death occurred, on the date stated above, at 12 15 A.M. The CAUSE OF DEATH was as follows:

Senility

&

&

(DURATION) 20 DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) Thomas J. Talbott M. D.

Dec 25 1906. (Address) 2505 Reisterstown

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence: How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: New Cathedral | DATE OF BURIAL: Dec 26 1906

UNDERTAKER: Jos B Cook | ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY

Ward 11 — 96516 — Registered No. B 96516

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 626 George St, St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Chas Rolax

{Residence, if in Baltimore, Give Street and Number.} 626 George St.

Duration of Residence in Baltimore. Six years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: colored

DATE OF BIRTH: 1

AGE: 18 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Clarkesville Va.

FULL NAME OF FATHER: William Rolax

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Sarah Moore

BIRTHPLACE OF MOTHER (State or country): Va.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry Johnson

(Address) 626 George St

Filed 12/26 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 — 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 — 1906 to Dec. 24 — 1906

that I last saw her alive on Dec 24 1906,

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

Seven or Eight (DURATION) days

Contributory (Primary.) Cardiac failure

about 24 hours (DURATION) hours

(Signed) C. M. Cook M.D.

Address 1101 W Lanvale St

Date Dec. 24 — 1906

Place of Burial Asbury Evergreen Cemetery

Date Dec 26 1906

Undertaker Felix O. Pyle

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

96517

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96517

City of Baltimore, (No. 804 Williams St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha A Hope

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec. (Month) 1 (Day) 1832 (Year)

AGE: 74 years, 5 months, 22 days

SINGLE, MARRIED, WIDOWED, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: John Clements

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Elizabeth Wingate

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: House-wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edith Hope

(Address) 804 William St

Filed 12/26 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 23rd 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 25th 1906 to Dec 23rd 1906

that I last saw her alive on Dec 22nd 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Chronic Interstitial Nephritis

About 2 Years (DURATION) DAYS

Contributory Asthenia

(DURATION) 12 DAYS

(Signed) H. J. Carrick M. D.

Dec 25 1906 (Address) 1417 McCulloh

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: DEC 28 1906

UNDERTAKER: Armstrong Denny Co.

ADDRESS: 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 96518 — Registered No. B 96518 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 2928 Huntingdon Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen Mc Clelland

{Residence, if in Baltimore, Give Street and Number.} 2928 Huntingdon ave

Duration of Residence in Baltimore. 9 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: November 22nd 1865

AGE: 41 years, 1 month, 2 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Hamilton Canada

FULL NAME OF FATHER: John Roach

BIRTHPLACE OF FATHER (State or country): Nova Scotia

MAIDEN NAME OF MOTHER: Ellen Daley

BIRTHPLACE OF MOTHER (State or country): Hamilton Canada

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lieut David P McClelland

(Address) 2928 Huntingdon ave

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 24th 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 2 1906 to Dec 24, 1906

that I last saw h er alive on Dec. 22 1906,

and that death occurred, on the date stated above, at 8.25 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Exhaustion

(DURATION) 1 DAYS.

Contributory (Primary.) Carcinoma Uteri

about 2 years (DURATION) DAYS

(Signed) Geo F Taylor M.D.

Address 1254 N. Broadway

Date Dec 24 1906

Place of Burial New Cathedral Cemetery

Date December 27th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 96519 — Registered No. B 96519

CERTIFICATE OF DEATH.

(Place of Death.) No. 1632 E Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name David Elsworth

{Residence, if in Baltimore, Give Street and Number.} 1632 E Chase st

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: June 21st 1850

AGE: 56 years, 6 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Thomas J Elsworth

BIRTHPLACE OF FATHER (State or country): Philadelphia Pa

MAIDEN NAME OF MOTHER: Ann Holliday

BIRTHPLACE OF MOTHER (State or country): Talbott Co Md

OCCUPATION OF DECEASED: Carpenter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas J Elsworth

(Address) 1631 W Bond st

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1906 to Dec. 25th 1906

that I last saw him alive on Dec. 25th 1906,

and that death occurred, on the date stated above, at 5.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 1 DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) G. W. Simpson M.D.

Address 1826 N. Broadway

Date Dec. 26th 1906

Place of Burial London Park Cemetery

Date December 28th 1906

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 8 — 96520 — Registered No. B 96520 26

CERTIFICATE OF DEATH.

(Place of Death.) No. 1833 N. Castle St

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Wolf

{ Residence, if in Baltimore, Give Street and Number. } 1833 N Castle St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Sept. 10th 1904

AGE 2 years, 3 months, 14 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER John Wolf

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Francis Noll

BIRTHPLACE OF MOTHER (State or country) City

OCCUPATION OF DECEASED None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1833 N. Castle St.

Filed 12/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24th 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 17th 1906 to Dec. 24th 1906

that I last saw him alive on Dec. 24th 1906, and that death occurred, on the date stated above, at 2:45 M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

Tubercular Meningitis (DURATION) 1 DAYS

Contributory (Primary) Enteritis (DURATION) 7 DAYS

(Signed) Wm. A. Meyer M.D.

Address 1031 N. Caroline St.

Date Balto. Md. Dec. 26th 1906

Place of Burial Holy Redeemer Cemetery

Date Dec. 26th 1906

Undertaker Henry Hooks Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96521 — Registered No. B 96521

CERTIFICATE OF DEATH. 11

(Place of Death.) No. 923. Ensor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Bridget Grody.

{Residence, if in Baltimore, Give Street and Number.} 923 Ensor St.

Duration of Residence in Baltimore. 50 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: John Carver

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 92 S Ensor St.

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 25 1906

that I last saw h.. alive on Dec 25 1906,

and that death occurred, on the date stated above, at 12.05 a. m. CAUSE OF DEATH (Secondary or Immediate)

Cardiac paralysis.

(DURATION) 1 DAYS

Contributory (Primary.) Senility

(DURATION) DAYS

(Signed) W. L. Ford M.D.

Address 1202 E. Monument St.

Date Dec 25 1906.

Place of Burial New Cathedral Cemetery

Date Dec. 27 1906

Undertaker Henry Hoeck & Son

Address 1311 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 96522 — Registered No. B 96522

CERTIFICATE OF DEATH.

(Place of Death.) No. 216 W. Conway St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Septimus C. Guerth

{Residence, if in Baltimore; Give Street and Number.} 212 W. Conway

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: July 18 1877

AGE: 29 years, 2 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Henry Guerth

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Caroline Struth

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Driver S.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick C. Guerth

(Address) 801 W. Fayette St.

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1906 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 7.20 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia, from drowning

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Gilbreath M.D.

Address 211 W. Lanvale

Date Dec 25th 1906

Place of Burial Baltimore Cemetery

Date Wed. 27th 1906

Undertaker Mrs. John W. Teufel

Address S.W. Cor. Fayette & Fremont Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — 96523 — Registered No. B 96523

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Frank B Tucker

{ Residence, if in Baltimore, Give Street and Number. } 426 Aisquith

Duration of Residence in Baltimore.. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Aug 8 1844

AGE: 62 years, 4 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Thomas Tucker

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Mary Hamilton

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Percy H Tucker

(Address) 1308 Cross

Filed 12/26 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec 22 1906 to Dec. 25 1906 that I last saw h in alive on Dec. 25 1906, and that death occurred, on the date stated above, at 1:15 P. M. CAUSE OF DEATH (Secondary or Immediate) Respiratory and Cardiac failure.

(DURATION) 3 DAYS

Contributory (Primary) Chronic Nephritis, Capillary Bronchitis (DURATION) DAYS

(Signed) W. W Oliver M.D.

Address University Hospital

Date Dec. 25 1906

Place of Burial Baltimore Cem

Date Dec 26 1906

Undertaker McGinnis & Carroll

Address 1227 Mulliken st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 60 — 96524 — Registered No. B 96524

CERTIFICATE OF DEATH.

(Place of Death.) No. 2308 E Baltimore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George W. Gibson Sr.

{Residence, if in Baltimore, Give Street and Number.} 2308 E. Baltimore St

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 16th 1849
AGE	57 years, 6 months, 8 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widowed
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Robert Gibson
BIRTHPLACE OF FATHER (State or country)	Currituck Co. N.C.
MAIDEN NAME OF MOTHER	Susan Butler
BIRTHPLACE OF MOTHER (State or country)	Baltimore, Md
OCCUPATION OF DECEASED	Leaf Tobacco Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Gibson Jr

(Address) 2233 Gough St. Balto. Md

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24 1906

I HEREBY CERTIFY, That I attended deceased from Nov 25 1906 to Dec 24 1906 that I last saw h im alive on Dec 24 1906, and that death occurred, on the date stated above, at 3 a.m. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J T Spickuall M.D.

Address 14 N Patterson Pk Ave

Date Dec 25 1906

Place of Burial Mt Carmel Cem.

Date December 26 1906

Undertaker Wallen Tubbs

Address 2013 E Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 96525 — Registered No. B 96525

CERTIFICATE OF DEATH.

(Place of Death.) No 2431 E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Wrightson

{ Residence, if in Baltimore, Give Street and Number. } 2431 E. Fayette St.

Duration of Residence in Baltimore Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 21 1906

AGE ... years, ... months, 5 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John H. Houghton

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Houghton

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John H. Houghton

(Address) 2431 E. Fayette St

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Dec 26 1906

that I last saw h[illegible] alive on Dec 26, 1906,

and that death occurred, on the date stated above, at 7 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions Birth

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) [illegible] M.D.

Address [illegible]

Date Dec 26 1906

Place of Burial Baltimore

Date December 26 1906

Undertaker William Fuhrer

Address 2013 E Balto St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 12

96526

Registered No. B 96526

CERTIFICATE OF DEATH.

(Place of Death.) No. 2027 E Baltimore St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Harry Seymour MacLea

{ Residence, if in Baltimore, Give Street and Number. } 2027 E. Baltimore

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 20th 1906

AGE: ... years, 8 months, 3 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Daniel MacLea

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Alice Baynes

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Daniel MacLea

(Address) 2027 E Balto St

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23- 1906

I HEREBY CERTIFY, That I attended deceased from Nov 15 1906 to Dec 23 1906 that I last saw h[im] alive on Dec 23 1906, and that death occurred, on the date stated above, at 11 a. m. CAUSE OF DEATH (Secondary or Immediate)

a Stenosis

(DURATION) DAYS

Contributory (Primary) Rheumatism - Knuckle

and Nephritis (DURATION) 6 DAYS

(Signed) Geo L. Mattern M.D.

Address 6 N. Broadway

Date Dec 26 1906

Place of Burial London Park Cem

Date December 26 1906

Undertaker Hilleary Funeral

Address 2013 E Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96527

15

HEALTH DEPARTMENT, CITY OF BALTIMORE.

179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96527

Registered No. B.....

City of Baltimore, (No. 2921 W. North Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Goldsmith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ~~Dec.~~ Sept 15 ~~24~~ (Month) (Day) 1906 (Year)

AGE: ..... years, 3 months, 9 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): 2921 W. North ave

FULL NAME OF FATHER: Frank J. Goldsmith

BIRTHPLACE OF FATHER (State or country): Mississippi

MAIDEN NAME OF MOTHER: Sarah H. Windsor

BIRTHPLACE OF MOTHER (State or country): Norfolk Virg.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Goldsmith

(Address) 2921 W. North Ave

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1906 to Dec. 24th 1906 that I last saw him alive on Dec. 24th 1906, and that death occurred, on the date stated above, at 3-50 P. M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) ..... DAYS

Contributory Cold and Convulsions

(DURATION) 1 DAYS

(Signed) J. H. Zapp ..... M. D.

Dec. 24th 1906 (Address) 305 W. North ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 26 1906
UNDERTAKER	ADDRESS
M Cadogan	696 Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

1

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96528 Registered No. B 96528

CERTIFICATE OF DEATH.

(Place of Death.) No. 2337 E. Monument St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lavina Adams

{ Residence, if in Baltimore, Give Street and Number. } 2337 E. Monument st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 11 1906

AGE — years, — months, 15 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ —

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Robert A. Adams

BIRTHPLACE OF FATHER (State or country) Balto City

MAIDEN NAME OF MOTHER Emma Marshal

BIRTHPLACE OF MOTHER (State or country) Balto City

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt A. Adams

(Address) 2337 E. Monument st

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 26 1906.

that I last saw h[illegible] alive on Dec 20 1906

and that death occurred, on the date stated above, at 6 30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions.

(DURATION) 1 Hr ~~DAYS~~

Contributory (Primary.) Intussusception

Debility (DURATION) DAYS

(Signed) Alois B Lemmon M.D.

Address 742 N. Patterson Park

Date Dec 26/06. 190

Place of Burial Mt Carmel Cemetary

Date December 27 190 6

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 5 — 96529 — Registered No. B 96529

CERTIFICATE OF DEATH.

54

(Place of Death.) No. 516 Calvin Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mariannina Rindoni

{Residence, if in Baltimore, Give Street and Number.} 516. Calvin street

Duration of Residence in Baltimore. 10 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1883

AGE: 23 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Luciano Rindoni

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Francesca Siazza

BIRTHPLACE OF MOTHER (State or country): Italy

OCCUPATION OF DECEASED: ~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dano Byrne, 902 Gay St

(Address) 902 Gay Street

Filed 12/26 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 25 December 1906

I HEREBY CERTIFY, That I attended deceased from July 1906 to 25 Decem 1906 that I last saw h[illegible] alive on 25 Decem 1906, and that death occurred, on the date stated above, at ~~~ M. CAUSE OF DEATH (Secondary or Immediate)

Anemia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Joseph Barrano M.D.

Address 704 N. Green Street.

Date 25 Decemb 1906

Place of Burial St Vincents Cemetery

Date December 26 1906

Undertaker Edward A. Byrne

Address 302 or Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward I 96530 Registered No. B 96530

CERTIFICATE OF DEATH.

67

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Lillie Lubs

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 26

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Pennsylvania

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lemer Holyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23. 1906.

I HEREBY CERTIFY, That I attended deceased from Nov. 28. 1905 to Dec. 23. 1906

that I last saw her alive on Dec. 23. 1906.

and that death occurred, on the date stated above, at 8.20 P.M. CAUSE OF DEATH (Secondary or Immediate)

Hypostatic pneumonia

(DURATION) 7 DAYS

Contributory (Primary) General Paresis

(DURATION) 3 yrs DAYS

(Signed) T. Dodi Owen M.D.

Address Bay View Asylum

Date December 23. 1906

Place of Burial Greenmount Cemetery

Date Dec 26 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96531

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96531

City of Baltimore, (No. 136, W. Mot St.; 23 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophie Powers.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	June 7 1 (Month) (Day) Year)
AGE	54 years, 6 months, 16 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Thomas Powers.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	J. Powers.
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Home

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. Waldkoenig Md.

(Address) 603 S Shaffer St.

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1906.
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 24 1906 to Dec. 24 1906.

that I last saw h alive on Dec. 24 1906.,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage.

DURATION DAYS

Contributory

(DURATION) DAYS

(Signed) C. Waldkoenig M. D.

Dec 26 1906. (Address) 603 S Shaffer St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Dec 26 1906
UNDERTAKER	**ADDRESS**
Jos. Stumteuff	1318 Light St.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 96532 — Registered No. B 96532

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. Kruecker. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anna Kruecker

{ Residence, if in Baltimore, Give Street and Number. } Emmyard

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX	F.
COLOR	W.
DATE OF BIRTH	1
AGE	37 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Austria
FULL NAME OF FATHER	Not Known
BIRTHPLACE OF FATHER (State or country)	Not Known
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Not Known
OCCUPATION OF DECEASED	Not Known

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. Schumacher Son

(Address) 6 E. Lay St

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1906 to Dec. 25 1906 that I last saw her alive on Dec. 25 1906, and that death occurred, on the date stated above, at 1.30 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) — DAYS

Con'tributory (Primary.) Pleurisy

(DURATION) ... DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date December 25 1906

Place of Burial 1st Evangelical Lens

Date Dec. 26th 1906

Undertaker H. Sander Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96533 — Registered No. B 96533 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1409 E Preston St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Infant of Oliver J. & Mary Treadway

{Residence, if in Baltimore, Give Street and Number.} 1409 E Preston

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR white

DATE OF BIRTH Dec 25 1906

AGE ..... years, ... months 9 hours ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto md

FULL NAME OF FATHER Oliver J. Treadway

BIRTHPLACE OF FATHER (State or country) Harford Co Md

MAIDEN NAME OF MOTHER Mary E. Walsh

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Oliver J Treadway

(Address) 1409 E Preston

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 25 1906 that I last saw her alive on Dec 25 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Prematurity.
about 6½ mos advanced
in utero gestation
(DURATION) DAYS

Contributory (Primary)
(DURATION) DAYS

(Signed) W. L. Todd M.D.

Address 1202 E Monument St.

Date Dec 26 1906

Place of Burial Bal Cemetery

Date Dec 27 1906

Undertaker Robt J Turner

Address Bway & Oliver

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B 96534

96534

CERTIFICATE OF DEATH.

17

(Place of Death.) No. 14 N. Gilmore St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fannie A Rollins

{Residence, if in Baltimore, Give Street and Number.} 14 N. Gilmore St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR W

DATE OF BIRTH March 4 1869

AGE 37 years, 9 months, 19 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Wash. D.C.

FULL NAME OF FATHER Isaac Freeburger

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Fannie Martyn

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED Home wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Howard Rollins

(Address) 14 N Gilmore St

Filed 12/26 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

Dr Ellis ✓

Md Royal Circle

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 23 1906

I HEREBY CERTIFY, That I attended deceased from 10 Months 1906 to Dec 23 1906

that I last saw her alive on Dec 22 1906

and that death occurred, on the date stated above, at 8:20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Tuberculosis

(DURATION) 10 Mos DAYS

Con'tributory (Primary.) Cardiac Failure

(DURATION) 2 DAYS

(Signed) E. Ellis M.D.

Address 915 Light St

Date Dec 24 1906

Place of Burial Loudon Park Cem

Date Dec. 26 1906

Undertaker Chas. E. Francis

Address 746 N. Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 96535 — Registered No. B 96535

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mary Sullivan

{ Residence, if in Baltimore, Give Street and Number. } 431 S. Parrish

Duration of Residence in Baltimore. 25 yr

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 41 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Patrick Donlley

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Bridget Donohue

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Field

(Address) 1200 N. Gunbard

Filed 12/26/06 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 24 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 12 M. CAUSE OF DEATH (Secondary or Immediate)

accidentally burned over the body Clothes caught fire from Gasoline Stove

(DURATION) DAYS

Contributory (Primary.) Florence

(DURATION) DAYS

(Signed) C. Irwin Jones M.D.
Coroners

Address

Date Dec 26th 1906

Place of Burial New Cathedral

Date Dec 27th 1906

Undertaker John J Field

Address 1200 N Gunbard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96536

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96536

Registered No. B .....

City of Baltimore, (No. 13, Stafford Lane St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James H Scott

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Col
DATE OF BIRTH: ..... (Month) 1 (Day) ..... Year)	
AGE: 50 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Not known
BIRTHPLACE OF FATHER (State or country)	.. ..
MAIDEN NAME OF MOTHER	" ..
BIRTHPLACE OF MOTHER (State or country)	.. ..
OCCUPATION OF DECEASED	Minister

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Nico Hall

(Address) 15 Stafford Lane

Filed 12/26 1906

HARRY C. ANDREWS,
PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 20 1906 to Dec. 25 1906 that I last saw h alive on Dec 25 1906, and that death occurred, on the date stated above, at 2.30 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Oedema

(DURATION) 1 DAY

Contributory Croupous Pneumonia (DURATION) 6 DAYS

(Signed) Howard W Jones M. D.

Dec 25 1906 (Address) Druid Co

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Odd Fellows Cem	Dec 27 1906
UNDERTAKER Catonsville Md	ADDRESS
Sam F. Chase	

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, color, birthplace, residence, occupation, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96537 — Registered No. B 96537

14

CERTIFICATE OF DEATH.

(Place of Death.) No. Although Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick McDonnell

{Residence, if in Baltimore, Give Street and Number.} 1108 Guilford Ave

Duration of Residence in Baltimore. 25 or 30 years

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: white
DATE OF BIRTH	1
AGE: In this 29th years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	James McDonnell
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Elizabeth McDonnell
BIRTHPLACE OF MOTHER (State or country)	Balto
OCCUPATION OF DECEASED	Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1200 W. Lombard

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from 2nd Dec 1906 to 25th Dec 1906 that I last saw h— alive on 25th Dec 1906 about and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Synocope

(DURATION) DAYS

Contributory (Primary) Neurasthenia

(DURATION) over 100 DAYS

(Signed) Geo L Reynolds M.D.

Address 504 N Charles

Date Dec 25th 1906

Place of Burial Balto Cemy

Date Dec 28th 1906

Undertaker John J Fields

Address 1200 W. Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96536 — Registered No. B 96536

176

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 S Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant Sarah Olmsted

{ Residence, if in Baltimore, Give Street and Number. } 25 S. Fremont St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	white
DATE OF BIRTH	Dec 24 - 1906
AGE	— years, — months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Maryland -
FULL NAME OF FATHER	David Benjamin Olmsted
BIRTHPLACE OF FATHER (State or country)	~~Maryland~~ Pa
MAIDEN NAME OF MOTHER	Sarah Flax.
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 25 1906 that I last saw h in alive on Dec 25 1906, and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cerebral Hemorrhage

(DURATION) 1 DAYS

Contributory (Primary.) Contracted pelvis prolonged labor (DURATION) DAYS

(Signed) P. O. Dees, M.D.

Address 622 W. Lombard St

Date Dec. 26 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 26 1906 190

Commissioner Health,

Undertaker W

Address Health Department

FOR ANATOMICAL PURPOSES

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 96539 — Registered No. B 96539

CERTIFICATE OF DEATH.

(Place of Death.) No. 337 S Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mildred Ella Crisp

{ Residence, if in Baltimore, Give Street and Number. } 337 S Fulton Ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept 2nd 1906

AGE: ..... years, 3 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: ✓

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Alvin Chester Crisp

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Ellen Rodgers

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father, Alvin C Crisp

(Address) 337 S Fulton Ave

Filed 12/26/6 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1906 to Dec 25th 1906 that I last saw h[illegible] alive on Dec 22nd 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Convulsions

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

..... (DURATION) ..... DAYS

(Signed) [illegible] M.D.

Address 2017 Hillsboro Ave

Date Dec 20th 1906

Place of Burial Mt Calvary Cathedral

Date Dec 26 " 1906

Undertaker N S Elmer

Address 2113 N Paca St

WM. J. C. DULANY CO., Baltimore.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96540 Registered No. B 96540

152

CERTIFICATE OF DEATH.

(Place of Death.) No. 109 S. Chester St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Burger

{Residence, if in Baltimore, Give Street and Number.} 109 S. Chester

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR W. White

DATE OF BIRTH Dec. 25th 1906

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER Frank J. Burger

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Mary Reilly

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frank J. Burger

(Address) 109 S. Chester St.

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from 8 A.M. Dec 25 1906 to 5 P.M. Dec 25 1906

that I last saw h alive on Dec 25 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Exhaustion

3 hours (DURATION) DAYS

Contributory (Primary.) Cyanosis Neonatorum

9 hours. (DURATION) DAYS

(Signed) A L Tumbleson M.D.

Address 2013 Bank st

Date Dec 26th. 1906

Place of Burial New Cathedral Cem.

Date Dec 26th 1906

Undertaker Jno A. Inman

Address Bank & Ann Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward V *Registered No. B* 96541

96541

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 308 S. Ann *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Jane Bruce Stewart Brown

{ Residence, if in Baltimore, Give Street and Number. } 308 S. Ann St.

Duration of Residence in Baltimore. ~~Life~~ 72 years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX Female	COLOR White
DATE OF BIRTH Aug 1st. 1828	
AGE 78 years, 4 months, 23 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widow
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	John Stewart
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Elizabeth Holmes
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. Stewart Brown

(Address) 238 S. Broadway

Filed 12/26 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC. 24 1906

I HEREBY CERTIFY, That I attended deceased from DEC 20 1906 to DEC 24 1906

that I last saw her alive on DEC 24 1906, 6.20

and that death occurred, on the date stated above, at 5 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Nephritis

(DURATION) ——— DAYS

Contributory (Primary.)

Uraemic Coma (DURATION) 2 DAYS

(Signed) Geo Heller M.D.

Address 1937 Gough St

Date DEC 25. 06 1906

Place of Burial Greenmount CEMETERY.

Date DEC 27 1906

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 96542 — Registered No. B 96542 / 99

CERTIFICATE OF DEATH.

(Place of Death.) No. 1232 E. Lafayette Ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Mrs Mary W Bell

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 7yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: —

AGE: 83 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Samuel Pake

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Addie Kelley

(Address) 1232 E Lafayette Ave

Filed 12/26 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 th 1906

I HEREBY CERTIFY, That I attended deceased from At above 190 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at —

A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemmitage from Lungs -

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Shutt Coroner M.D.

Address 711 W. Lanvale

Date Dec 26 th 1906

Place of Burial Princes Anne. Somerset Co. Md

Date Dec 27 1906

Undertaker Wm Cook

Address 1510 E. Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 9 96543 Registered No. B 96543

CERTIFICATE OF DEATH.

(Place of Death.) No. Harford Road and Gorsuch Lane Baltimore Md St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charley Lay

{Residence, if in Baltimore, Give Street and Number.} Harford Road and Gorsuch Lane

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
male	white

DATE OF BIRTH: February 6 1894

AGE: 12 years, 10 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Leonard Lay

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Annie Druck

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Leonard Lay

(Address) Hallsprings P.O. Harford

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 24 1906

that I last saw him alive on December 24 1906

and that death occurred, on the date stated above, at 8 M.

CAUSE OF DEATH (Secondary or Immediate)

Meningitis (acute Hydrocephalus)

(DURATION) Short 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Eugene Matthews M.D.

Address 237 Gorsuch Ave

Date 190

Place of Burial Baltimore Co

Date Dec 27 1906

Undertaker Wm Cook

Address 502 E. Fort Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96544 — Registered No. B 96544

CERTIFICATE OF DEATH.

(Place of Death.) No. 208 S. Stricker St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mrs Ann Cooper

{Residence, if in Baltimore, Give Street and Number.} 208 S. Stricker St

Duration of Residence in Baltimore. 39 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 79 years, 10 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas V. Cooper

(Address) 208 S Stricker St

Filed 12/26 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 19 1906 to Dec. 24 1906 that I last saw her alive on Dec 24 1906, and that death occurred, on the date stated above, at 8.50 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) 5 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) C. C. McDowell M.D.

Address 1521 W. Fayette St

Date Dec 25 1906

Place of Burial St Johns. Waverly

Date Dec 27 1906.

Undertaker Lemmon & Cook

Address 550 E Baltimore

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96545 — Registered No. B 96545

151

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Elizabeth's Home St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hackett Hamm

{ Residence, if in Baltimore, Give Street and Number. } St. Elizabeths Home

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem	COLOR: Wh
DATE OF BIRTH: Dec. 4 1906	
AGE: — years, — months, 21 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): City	
FULL NAME OF FATHER: [illegible]	
BIRTHPLACE OF FATHER (State or country): [illegible]	
MAIDEN NAME OF MOTHER: [illegible]	
BIRTHPLACE OF MOTHER (State or country): [illegible]	
OCCUPATION OF DECEASED: None	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alexius McGlannan

(Address) 2005 Madison Ave.

Filed

190 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1906 to Dec 25 1906 that I last saw h er alive on Dec 25 1906, and that death occurred, on the date stated above, at 11 a. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) 21 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave

Date Dec. 25 1906

Place of Burial Cathedral Cemetery

Date Dec. 26 1906

Undertaker Felix B Pye

Address 102 E. Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 Registered No. B 96546 166

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital 512 Smallwood St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name John. T. Stowman.

{ Residence, if in Baltimore, Give Street and Number. } 512 Smallwood. St.

Duration of Residence in Baltimore. 2 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White.

DATE OF BIRTH Oct 4th 1884

AGE 22 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single.

BIRTHPLACE (State or country) Queens Co Md.

FULL NAME OF FATHER George. W Stowman.

BIRTHPLACE OF FATHER (State or country) Del

MAIDEN NAME OF MOTHER Sarah Dawkins.

BIRTHPLACE OF MOTHER (State or country) not Known.

OCCUPATION OF DECEASED Brakman. B & O.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles. Stowman.

(Address)

Filed 12/26 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to ..... 190..

that I last saw h..... alive on ..... 190....., and that death occurred, on the date stated above, at 6 1/2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Shock- Internal injuries being crushed by train

..... (DURATION) ..... DAYS

Contributory (Primary.) R. R. Accident

..... (DURATION) ..... DAYS

(Signed) Benj. J. Hughes M.D. Coroner

Address 216 N. Carolina Ave

Date Dec 26 1906

Place of Burial Queen Annes Co Md

Date Dec 26 1906

Undertaker E. Hark

Address 110 E Hark

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 1 — 96547 — Registered No. B 96547

CERTIFICATE OF DEATH.

(Place of Death.) No. 2613 Fait Ave — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name

{Residence, if in Baltimore, Give Street and Number.} Antonia Zawadzky —

Duration of Residence in Baltimore. 40 yr.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 1

AGE 71 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Poland

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) Poland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Poland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Zawodny

(Address) 2613 Fait Ave

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 — 06 190

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 24 1906

that I last saw h— alive on Dec 23 1906

and that death occurred, on the date stated above, at 1 p.m.

M. CAUSE OF DEATH (Secondary or Immediate)

Comp. Pneumonia

(DURATION) 6 DAYS

Contributory (Primary.) Cardiac Paralysis

(DURATION) — DAYS

(Signed) M. E. O'Brien M.D.

Address 1713 Bank St

Date Dec 26 — 1906

Place of Burial St. Mary's Cem.

Date Dec. 27 1906

Undertaker Trudell Lippel & Son

Address 330 S. Bond St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

3

96548

HEALTH DEPARTMENT, CITY OF BALTIMORE.

93

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96548

Registered No. B

City of Baltimore, (No. 407 E. Dallas St.; 3 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clara B Brunnett

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb (Month) 8 (Day) 1905 (Year)

AGE: 1 years, 10 months, 18 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Frank Brunnett

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Mary Grose

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. A. Brudnick MD

(Address) 32 S. Broadway

Filed 12/26 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from December 13 1906 to Dec 26 1906 that I last saw h alive on Dec 25 1906, and that death occurred, on the date stated above, at 11 1 M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 13 DAYS

Contributory Meningitis

(DURATION) 7 DAYS

(Signed) A. A. Brudnick M. D.

Dec 26 1906 (Address) 32 S. Broadway

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Carmel — DATE OF BURIAL: Dec 27 1906

UNDERTAKER: Wendell Lifsper Son — ADDRESS: 330 S. Bond

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... Registered No. B 96549

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles T Henley

{ Residence, if in Baltimore, Give Street and Number. } Graham N C.

Duration of Residence in Baltimore. ....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH March 1866

AGE 40 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ Married

BIRTHPLACE (State or country) N. C.

FULL NAME OF FATHER Jesse S. Henley

BIRTHPLACE OF FATHER (State or country) N C.

MAIDEN NAME OF MOTHER Charlotte Swain

BIRTHPLACE OF MOTHER (State or country) N. C.

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W C Gallay

(Address) Graham N C.

Filed Dec 27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 26 1906 to Dec 26 1906

that I last saw ~~him~~ alive on Dec 26 1906

and that death occurred, on the date stated above, at 4 15 P M. CAUSE OF DEATH (Secondary or Immediate)

Miliary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Sarcoma of Nose

..... (DURATION) ..... DAYS

(Signed) S. Strouse M.D.

Address Johns Hopkins Hospital

Date Dec 26 1906

Place of Burial Graham N. C.

Date DEC 26 1906

Undertaker .....

Address .....

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14

Registered No. B 96550 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 118. S. Green St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Krakowsky

{Residence, if in Baltimore, Give Street and Number.} 118. S. Green st.

Duration of Residence in Baltimore. 16 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 26" 1863

AGE: 53. years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Mary Krapdatsky

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) by his Daughter

(Address) 118 S Green St

Filed Dec 27th 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24th 1906 to Dec 25th 1906 that I last saw him alive on Dec 24th 1906, and that death occurred, on the date stated above, at 7 A.—M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 9 DAYS

Contributory (Primary.) Bronchitis

(DURATION) 6 DAYS

(Signed) Chas L. Greddenbohn M.D.

Address 118. S. Green st.

Date Dec 26th 1906

Place of Burial St Mary's County

Date Dec 27th 1906

Undertaker W. S. Frith

Address 2118 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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96551

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96551

City of Baltimore, (No. 605 Bradley St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Wm H Lancaster

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: Dec. 1 (Month) (Day) 1860 (Year)

AGE: 46 years, — months, 25 days

~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Thomas Lancaster

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Jennie Brisco

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Jobb work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Eliza Lancaster (wife)

(Address) 605 Bradley St

Filed 12/27/06

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 25 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 24 1906 to Dec 25 1906

that I last saw h~~im~~ alive on Dec 24 1906,

and that death occurred, on the date stated above, at 6 A.M. The CAUSE OF DEATH was as follows:

Cerebral paralysis due to hemorrhage into the brain

(DURATION) 1 DAY

Contributory Atheromatous arteries (DURATION) Not known DAYS

(Signed) R B Kenyon M. D.

Dec 26 1906 (Address) 422 N Green

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? /

PLACE OF BURIAL OR REMOVAL: National — DATE OF BURIAL: Dec 27 1906

UNDERTAKER: R A Elliott — ADDRESS: 504 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 9 — 96552 — Registered No. B 96552

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1932 E. Chase St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Josephine Elder

{ Residence, if in Baltimore, Give Street and Number. } Same

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: March 17 1841

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Phillip Chamberlain

BIRTHPLACE OF FATHER (State or country): Harrisburg Pa.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housekeeping

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lucy E. Ahl

(Address) 1932 E. Chase

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Rheumatism affecting the Heart.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Blutarsh Coroner M.D.

Address 211 W. Lanvale St.

Date Dec 25th 1906

Place of Burial Baltimore Cem.

Date Dec. 27th 1906.

Undertaker A Funk & Son

Address 915 N. Gay St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96553

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96553

City of Baltimore, (No. 1206 Etting St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry E. Gordy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: colored
DATE OF BIRTH: April (Month) 23 (Day) 1906 (Year)	
AGE: ..... years, 8 months, 3 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Thos. H. Gordy
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Maggie L. Mackall
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thos. H. Gordy

(Address) 1206 Etting St.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 11 1906 to Dec 26 1906 that I last saw him alive on Dec 26 1906, and that death occurred, on the date stated above, at 1 A.M. The CAUSE OF DEATH was as follows:

Hereditary Syphilis

(DURATION) 8 Months

Contributory Convulsions

(DURATION) 2 DAYS

(Signed) Albert F. Corey M.D.

Dec 26 1906 (Address) 1533 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Laurel	Dec 27 1906
UNDERTAKER	ADDRESS
Alex Hensley	578 N Broadway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 — 96554 — Registered No. B 96554

CERTIFICATE OF DEATH. 179

(Place of Death.) No. 1104 William St. St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name George W. North

{Residence, if in Baltimore, Give Street and Number.} 1104 William St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Male — COLOR White

DATE OF BIRTH Sept. 11 1906

AGE — years, 3 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Balto Md.

FULL NAME OF FATHER George W North

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Marceline Benson.

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED none.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother

(Address) 1104 William St

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 22 1906 to Dec 25 1906

that I last saw him alive on Dec 24 1906

and that death occurred, on the date stated above, at 1 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) N. E. Smith M.D.

Address 338 Hanover St.

Date Dec 26 1906

Dr. H. Edward Smith M.D.

Place of Burial Cedar Hill.

Date Dec. 27 to 1906

Undertaker E. Hasle.

Address 115 E West St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96555

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96555

City of Baltimore, (No. 823 Stockholm St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Fowler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Negro.

DATE OF BIRTH: July 4 1861 (Month) (Day) (Year)

AGE: 40 years, 5 months, 26 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widower

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Jim Fowler

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Pump leveler worked on dumps & city subways files

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Augustus Fowler.

(Address) 823 Stockholm St.

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 25 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Dec 25 1906

that I last saw him alive on Dec 24 1906,

and that death occurred, on the date stated above, at 1

M. The CAUSE OF DEATH was as follows:

Chronic Pulmonary Tuberculosis,

(DURATION) DAYS

Contributory Exhaustive attack of Grippe Weakness (DURATION) DAYS

(Signed) B S Francis M. D.

Dec 26 1906 (Address) 603 E Fayette St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Dec 27 1906
UNDERTAKER	ADDRESS
Jno A. Jordan	42 West St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16

HEALTH DEPARTMENT, City of Baltimore.

96556 Registered No. B 96556

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CERTIFICATE OF DEATH.

(Place of Death.) No. 21 N. Amity St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Infant of Sadie & Smith.

{Residence, if in Baltimore, Give Street and Number.} 21 N Amity St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	male
COLOR	Colored.
DATE OF BIRTH	Dec 25 - 1906
AGE	....years, ...months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	William Smith
BIRTHPLACE OF FATHER (State or country)	Maryland.
MAIDEN NAME OF MOTHER	Sadie Watkins
BIRTHPLACE OF MOTHER (State or country)	Maryland.
OCCUPATION OF DECEASED	Infant.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sadie Smith

(Address) 21 N. Amity

Filed 12/27 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 - 1906

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Dec 26 1906 that I last saw h. in alive on Dec 26 1906, and that death occurred, on the date stated above, at 7 a. m. CAUSE OF DEATH (Secondary or Immediate)

~~Pneumonia Lobar~~.

Cerebral hemorrhage

(DURATION) DAYS

Contributory (Primary.) Prolonged Labor.

(DURATION) DAYS

(Signed) R. O. Dees M.D.

Address

Date Dec 27. 1906

Place of Burial Mt Auburn

Date Dec 27 1906

Undertaker J. W. Trail

Address 1 & 2 W. Third St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 10 — 96557 — Registered No. B 96557

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CERTIFICATE OF DEATH.

(Place of Death.) No. 1024 Walnut St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sadie E. Bancroft

{Residence, if in Baltimore, Give Street and Number.} 1024 Walnut St

Duration of Residence in Baltimore. Three months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: Aug. 29th 1904

AGE: 2 years, 3 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Jas. Bancroft

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Gertrude Taylor

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Gertrude Bancroft

(Address) 1024 Walnut St.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 26th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190....., and that death occurred, on the date stated above, at .....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Enteritis

two weeks (DURATION) DAYS

Contributory (Primary.) Debilitation

(DURATION) DAYS

(Signed) Silas Bancroft M.D.

Address 700 Eng. Ave, Canton,

Date Dec. 26th 190 6

Interment Lancaster Co Va

Place of Burial ~~Mt. Lookout~~

Date DEC 27 1906 190...

Undertaker R. F. Parham

Address 213 Park St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 96558 — Registered No. B 96558 — 93

CERTIFICATE OF DEATH.

(Place of Death.) No. 1440 N. Vincent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Isaac Chaney

{Residence, if in Baltimore, Give Street and Number.} 1440 Vincent St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Jan 1 1811

AGE: 29 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Chaney

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: May Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harriet Chaney Wife

(Address) 1440 Vincent

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 26 1906

that I last saw him alive on Dec 25 1906

and that death occurred, on the date stated above, at 11 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Lobar Pneumonia

(DURATION) 25 DAYS

Con'tributory (Primary.) Asthenia (DURATION) 1 DAYS

(Signed) G. E. Douglas M.D.

Address 2506 Penna Av.

Date Balto Dec 26 1906

Place of Burial Mt Olivet

Date DEC 28 1906 190

Undertaker R. L. Parham

Address 1213 Pinnh ~~Ave~~ st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96559 — Registered No. B 96559

CERTIFICATE OF DEATH.

(Place of Death.) No. 1404 Division St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jane Eliz. Richardson

{Residence, if in Baltimore, Give Street and Number.} 1404 Division St.

Duration of Residence in Baltimore. 8 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR ed

DATE OF BIRTH ..... 1 .....

AGE 104 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Jos. Lawson

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER Molley Gray

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Julia Thomas

(Address) 1406 Division St

Filed 12/27 1906 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25, 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1906, to Dec. 20, 1906, that I last saw h[illegible] alive on Dec. 20, 1906, and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate)

Chron. Nephritis ..... (DURATION) ? DAYS

Contributory (Primary.) Senility ..... (DURATION) 35 years DAYS

(Signed) Edw. Shapurdeur M.D.

Address 927 Madison Ave.

Date Dec. 26, 1906.

Place of Burial Int Auburn Cemetery

Date Dec 27 1906

Undertaker Felt & Pyle

Address 112 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color and condition*** (whether married or single) of the person deceased and the ***cause and date*** of death.

HEALTH DEPARTMENT, Md.

Ward 17 96560 Registered No. B 96560

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CERTIFICATE OF DEATH.

(Place of Death.) No. 612 Gilmor St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Estie E. Bailey

{ Residence, if in Baltimore, Give Street and Number. } 612 Gilmor St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem. | COLOR: Colored

DATE OF BIRTH: 1

AGE: — years, 7 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): [redacted] City

FULL NAME OF FATHER: James Bailey

BIRTHPLACE OF FATHER (State or country): Accomac Co Va

MAIDEN NAME OF MOTHER: Annie Jones

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Baily

(Address) 612 Gilmor St

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Choked to death by accidently eating tooth pick

five minutes (DURATION) ... DAYS

Contributory (Primary.) .....

(DURATION) ... DAYS

(Signed) Silas Baldwin M.D.

Address 700 Laf. av. (Comm)

Date ..... 190 .....

Place of Burial Mt Auburn Cemetery

Date Dec 28 1906

Undertaker Felix B Pyle

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96561 — Registered No. B 96561

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 Robert St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William H. Simms

{Residence, if in Baltimore, Give Street and Number.} 529 Robert St.

Duration of Residence in Baltimore. 7yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Aug. 1899

AGE: 7 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balt.

FULL NAME OF FATHER: Daniel A. J. Simms

BIRTHPLACE OF FATHER (State or country): Md.

MAIDEN NAME OF MOTHER: Mary J. Cornish

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Schoolchild

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. J. Robinson

(Address) 837 N. Eutaw St.

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26" 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 25" 1906 to Dec. 26 1906 that I last saw h im alive on Dec 26 1906, and that death occurred, on the date stated above, at 10 P M. CAUSE OF DEATH (Secondary or Immediate)

Diphtheria

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) O. Edward Janney M.D.
Per A. J. Robinson M.D.

Address 837 N. Eutaw St

Date Dec. 27" 1906

Place of Burial Laurel Cemetery

Date Dec. 27 1906

Undertaker Felix B Pugh

Address 112 E Mulberry st

12. III.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96562

Ward 18 96562 Registered No. B 96562

CERTIFICATE OF DEATH. 19

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name William Young

{Residence, if in Baltimore, Give Street and Number.} 637 Vine St.

Duration of Residence in Baltimore. Ten years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col

DATE OF BIRTH: 1860 1

AGE: 46 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Richmond Va

FULL NAME OF FATHER: Geo Young

BIRTHPLACE OF FATHER (State or country): Richmond Va

MAIDEN NAME OF MOTHER: Ella Young

BIRTHPLACE OF MOTHER (State or country): Richmond Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Tisher

(Address) 1037 Vine St

Filed Dec 27 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 24 1906 that I last saw h[illegible] alive on Dec 24 1906, and that death occurred, on the date stated above, at 7:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

(Cardiac dilatation, Respiratory failure.

(DURATION) DAYS

Contributory (Primary) Subacute parenchymatous nephritis (DURATION) DAYS

(Signed) W. W. Owe M.D.

Address University Hospital

Date Dec. 25 1906

Place of Burial Mt Auburn

Date Dec 27 1906

Undertaker Alfred Freeland

Address 106 N Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96563

City of Baltimore, (No. 214 N. Vincent St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Viola Frances Payne

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Col

DATE OF BIRTH: Oct (Month) 10 (Day) 1905 (Year)

AGE: 1 years, 2 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: John W. Payne

BIRTHPLACE OF FATHER (State or country): Orange Co. Va.

MAIDEN NAME OF MOTHER: Alreta Woodland

BIRTHPLACE OF MOTHER (State or country): Centreville Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John William Payne

(Address) 214 N Vincent St

Filed Dec 27 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 24 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Dec 24 1906.

that I last saw h[er] alive on Dec 22 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Bronchial Pneumonia

(DURATION) 7 DAYS

Contributory Pulmonary Tuberculosis

(DURATION) 21 DAYS

(Signed) J. L. Hooper M. D.

Dec 27 1906 (Address) 2207 N. Gilmor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mount Lebanon — DATE OF BURIAL: Dec 27 1906

UNDERTAKER: Alfred J. Freeland — ADDRESS: 112 North Schroeder St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward W 96564 Registered No. B 96564

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Warren Beach

{ Residence, if in Baltimore, Give Street and Number. } 506 W. Fayette St.

Duration of Residence in Baltimore. 3 wks.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR W.

DATE OF BIRTH ..... 1 .....

AGE 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED W.

BIRTHPLACE (State or country) Mich.

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/27 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1906 to Dec. 24 1906

that I last saw him alive on Dec. 24 1906

and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Uremia

(DURATION) 2 DAYS

Contributory (Primary) Nephritis unknown

(DURATION) ..... DAYS

(Signed) W. G. Dorsey M.D.

Address City Hospital

Date December 25 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 26 1906 190

Undertaker Commissioner Health,

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

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SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96565 — Registered No. B 96565

CERTIFICATE OF DEATH.

(Place of Death.) No. 5 East Read Street - Baltimore 2nd. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Emily McLanahan Price

{Residence, if in Baltimore, Give Street and Number.} 5 East Read Street Baltimore

Duration of Residence in Baltimore. Lifetime except - 11 years in New York

PERSONAL AND STATISTICAL PARTICULARS

SEX: Woman | COLOR: White

DATE OF BIRTH: October 11 1832

AGE: 74 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: married

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: James Johnstone McLanahan

BIRTHPLACE OF FATHER (State or country): Chamburburg Pa.

MAIDEN NAME OF MOTHER: Eliza Tenat

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estella B. Price

(Address) 5 East Read St

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 17 1906 to Dec 25th 1906 that I last saw h[er] alive on Dec 25th 1906, and that death occurred, on the date stated above, at 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Dec 26 1906

Place of Burial Greenmount

Date Dec 28th 1906

Undertaker Hollenkin Bros Co

Address 233 W Saratoga St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward W. 96566 Registered No. B 96566 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 17 W Mulberry St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Patterson

{Residence, if in Baltimore, Give Street and Number.} # 17 W. Mulberry St

Duration of Residence in Baltimore. all her Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	August 14 1830
AGE	76 years, 4 months, 12 days
SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	John Patterson
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Margaret Hinder
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Richard Price

(Address) 17 W. Mulberry St

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 26 1906

that I last saw h[er] alive on Dec 26 1906,

and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

Hemiplegia

(DURATION) 6 DAYS

Contributory (Primary.) Valvular dis. of heart

(DURATION) DAYS

(Signed) Charles O'Donovan M.D.

Address 10 E. Read St

Date Dec 27 1906

Place of Burial Mt Olivet

Date Dec 28th 1906

Undertaker New Jenkins Undertaking Co

Address 233 N. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 96567 — Registered No. B 96567

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Laura Willis

{Residence, if in Baltimore, Give Street and Number.} 413 N. High St.

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX F. | COLOR W.

DATE OF BIRTH 12 - 29 - 1846

AGE 60 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M.

BIRTHPLACE (State or country) Kansas

FULL NAME OF FATHER Do not Know

BIRTHPLACE OF FATHER (State or country) Do not Know

MAIDEN NAME OF MOTHER Do not Know

BIRTHPLACE OF MOTHER (State or country) Kansas

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Mrs A. Todd

(Address) 104 N Liberty St.

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1906 to Dec. 26 1906

that I last saw her alive on Dec. 26 1906

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate) Uremia - following Operation - for removal

(DURATION) 5 DAYS

Contributory (Primary.) Ovarian Cyst. Fibroid of Uterus (DURATION) 7 Yrs

(Signed) C. A. Dorsey M.D.

Address City Hospital

Date December 26 1906

Place of Burial St Peters

Date Dec 27/06 1906

Undertaker John F. Fowler

Address 1232 William

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 24 Registered No. B 96568

96568

CERTIFICATE OF DEATH.

(Place of Death.) No. 529 E. Lelements St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Frederick Bolander

{Residence, if in Baltimore, Give Street and Number.} ~~1 mo. 10 days~~. 529 Lelements.

Duration of Residence in Baltimore. 1 mo 10 days.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: November 15 1906

AGE: ..... years, 1 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Henry Bolander

BIRTHPLACE OF FATHER (State or country): Balt. Md.

MAIDEN NAME OF MOTHER: Ida. Virginia Taylor

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: xxxx

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Henry Bolander

(Address) 529 E. Lelements St.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Dec 25 1906 that I last saw him alive on Dec 25 1906, and that death occurred, on the date stated above, at 1 P. M. CAUSE OF DEATH (Secondary or Immediate)

Volvulus

(DURATION) 2 DAYS

Contributory (Primary.) Volvulus

(DURATION) 2 DAYS

(Signed) Le. A. Lelong jr., M.D.

Address 435 E. Fort Ave.

Date Dec 24 1906

Place of Burial CEDAR HILL

Date DEC 27 1906 1906

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE. 96569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

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CERTIFICATE OF DEATH.

Registered No. B 96569

City of Baltimore, (No. House of The Good Shepherd St., Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sister Mary Angela Croughan

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: white

DATE OF BIRTH: - 12 - (Month) 2 (Day) 1853 (Year)

AGE: 53 years, — months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Croughan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Sister Good Shepherd

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fahey

(Address) 1232 Williams

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 24 (Month) 1906 (Day) ~~190~~ (Year)

I HEREBY CERTIFY, That I attended deceased from July 1906 to Dec 24 1906, that I last saw h Er alive on 21 Dec 1906, and that death occurred, on the date stated above, at ..... M. The CAUSE OF DEATH was as follows:

Pulmonary Consumption

3 years (DURATION) ~~DAYS~~

Contributory .....

(DURATION) ..... DAYS

(Signed) E. J. Mulholland M. D.

190 (Address) 115 W Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Home of Good Shepherd

DATE OF BURIAL: Dec 27 1906

UNDERTAKER: John J Fahey

ADDRESS: 1232 William

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96570

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 714, Second Ave (Humpden) Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Augs Prosbury Durner

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 69 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: J P Durner

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Machinist

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) daughter (Mrs. Nephew)

(Address) 714 W. Ave Hampden

Filed 12/27/1906 HARRY O. ANDREWS [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: DEC 25 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 1906 to Dec 25 1906

that I last saw h— alive on Dec 25 1906,

and that death occurred, on the date stated above, at 8.30 P. M. The CAUSE OF DEATH was as follows:

Arteriosclerosis

Hypostatic Pneumonia

(DURATION) DAYS

Contributory Chronic Nephritis

(DURATION) DAYS

(Signed) Henry F. Cassidy M. D.

1906 (Address) Relay Md

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents..

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Druid Ridge	Dec 28 1906
UNDERTAKER	ADDRESS
H S Marshall	3539 Elm Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 — 96571 — Registered No. B 96571 27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1139 Hollins St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice Caulfield

{Residence, if in Baltimore, Give Street and Number.} 1139 Hollins st.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 40 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: John Caulfield

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Caulfield

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John D Fields

(Address) 1200 W. Lombard

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1906

I HEREBY CERTIFY, That I attended deceased from Jany 16th 1906 to Dec 26th 1906 that I last saw her alive on Dec 24th 1906, and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate)

Asthenia

(DURATION) 30 DAYS

Contributory (Primary.) Pulm. Tuberculosis

acc (DURATION) DAYS

(Signed) E. A. Knott M.D.

Address 1727 W. Lombard st

Date Dec 26th 1906

Place of Burial St Peters Cem

Date Dec 28th 1906

Undertaker John D Fields

Address 1200 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96572

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96572

City of Baltimore, (No. 1601 Cole St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Joseph Leo. Sweeney

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 4 years, 5 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Wm Sweeney

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Catharine Sweeney

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Faile

(Address) 1200 N. Lombard

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 26th 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1906 to Dec 25th 1906 that I last saw him alive on Dec 25th 1906, and that death occurred, on the date stated above, at 10 a. m. The CAUSE OF DEATH was as follows:

Lobar pneumonia

(DURATION) 9 DAYS

Contributory Heart failure

(DURATION) 1 DAYS

(Signed) Geo. Nicholas M. D.

Dec. 26th 1906 (Address) 30 N. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Dec 27 1906
UNDERTAKER	ADDRESS
John L Faile	1200 N Lombard

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96573 — Registered No. B 96573

131

CERTIFICATE OF DEATH.

(Place of Death.) Maryland General Hospital No. ~~1239 Holmes Alley~~ St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name ~~Dottie~~ Lillie J. Brown

{Residence, if in Baltimore, Give Street and Number.} ~~1239 Holmes Alley~~

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH March 8, 1879

AGE 27 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Va.

FULL NAME OF FATHER Virgil Whitehead

BIRTHPLACE OF FATHER (State or country) Va.

MAIDEN NAME OF MOTHER Ann Barrett

BIRTHPLACE OF MOTHER (State or country) Va

OCCUPATION OF DECEASED Domestic.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elliot Brown.

(Address) Hanson, Va.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 22, 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1906 to Dec 22 1906

that I last saw her alive on Dec 22 1906,

and that death occurred, on the date stated above, at 12 m.

CAUSE OF DEATH (Secondary or Immediate)

Cerebral embolism during operation for removal of ovarian cyst.

(DURATION) ..... DAYS

Contributory (Primary.) Heart Failure

(DURATION) ..... DAYS

(Signed) C. O. Langley M.D.

Address Md. Gen. Hosp.

Date Dec 23, 1906

Place of Burial Hendricks Va

Date Dec - 27 - 1906

Undertaker Wm. M. Gaylord

Address 901 W. Baltimore.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

16

96574

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96574

City of Baltimore, (No. 820 N. Stricker St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Woods.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: White

DATE OF BIRTH: March (Month) 27 (Day) 1835 (Year)

AGE: 71 years, 8 months, 29 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ ?

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Bongan

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Boylan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret A Woods

(Address) 820 N Stricker St

Filed 12/27 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 26th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 18th 1906 to Dec 26 1906

that I last saw her alive on 12 26 1906,

and that death occurred, on the date stated above, at 12 30 P. M. The CAUSE OF DEATH was as follows:

Pneumonia.

(DURATION) 5 DAYS

Contributory —

(DURATION) — DAYS

(Signed) Norman F Kyle M. D.

Dec 27 1906 (Address) 600 N Smallwood

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Dec 29 1906

UNDERTAKER: Jos B Cook — ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96575 — Registered No. B 96575

64

CERTIFICATE OF DEATH.

(Place of Death.) No. 838 N. Lombard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mollie O. Wilkerson

{Residence, if in Baltimore, Give Street and Number.} 838 N. Lombard

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX female — COLOR White

DATE OF BIRTH Dec 8 1851

AGE 55 years, 1 months, 17 days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER James Lusby

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Mary Offley

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward A Wilkerson

(Address) 838 N Lombard

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 1906

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Dec 25 1906 that I last saw h alive on Dec 24 1906, and that death occurred, on the date stated above, at 2 A.M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy Hemorrhagic

(DURATION) 4 DAYS

Contributory (Primary.) Prostration (DURATION) 4 DAYS

(Signed) Chas C. Buddenbohm M.D.

Address 418 S. Broadway

Date Dec 26 1906

Place of Burial Loudon Park

Date December 27 1906

Undertaker Jos B Cook

Address 100 310 Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward V

Registered No. B 96576

96576

CERTIFICATE OF DEATH. 11

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Schumacher

{ Residence, if in Baltimore, Give Street and Number. } 573 S. Wolfe St

Duration of Residence in Baltimore. 50 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 1

AGE: 64 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Watchman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Schumacher

(Address) 573 S. Wolf St

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 26 1906

I HEREBY CERTIFY, That I attended deceased from Oct 31 1906 to Dec 26 1906

that I last saw h[illegible] alive on Dec 26 1906

and that death occurred, on the date stated above, at 4:30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis.

(DURATION) DAYS

Contributory (Primary.) [illegible]

(DURATION) DAYS

(Signed) S. Strauss M.D.

Address Johns Hopkins Hospital

Date 12/27 1906

Place of Burial Mt Carmel

Date Dec 28 1906

Undertaker H Nicolaus & Son

Address 1820 Eaton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 21 | 96577 | Registered No. B 96577.

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 1270 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Henry Kramer

{Residence, if in Baltimore, Give Street and Number.} 1270 Sargeant St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Nov 20 1871

AGE: 35 years, 1 month, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Richard Kramer

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Bertha Rauch

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Electrician

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dina Linton

(Address) 1270 Sargeant St.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw him alive on Dec 25 1906

and that death occurred, on the date stated above, at 12 10 a m. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

5 months (DURATION) ..... DAYS

Contributory (Primary) Asthenia

(DURATION) 3 DAYS

(Signed) Jos. E. Inman M.D.

Address 855 Columbia Ave

Date Dec 26 1906

Place of Burial Cathedral Cem.

Date Dec. 29th 1906

Undertaker John A. Inman

Address 847 Park Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 Registered No. B 96578

96578

CERTIFICATE OF DEATH.

92

Place of Death.) No. 408 N. Collington Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Earl W. Reisenweber

{Residence, if in Baltimore, Give Street and Number.} #408 N. Collington Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	June 13th 1901
AGE	5 years, 6 months, 13 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Chas. Reisenweber
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Lillian Wiessner
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas. Reisenweber

(Address) 408 N. Collington

Filed 12/27 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 26 1906

that I last saw h~~e~~ alive on Dec 25 1906

and that death occurred, on the date stated above, at 11.50 A. M. CAUSE OF DEATH (Secondary or Immediate)

1 Bronchopneumonia

Con'tributory (Primary.) Measles (DURATION) 2 DAYS

(Signed) H. S. Cairns M.D.

Address 732 E Baltimore

Date Dec 26 1906

Place of Burial Mt. Carmel Cem.

Date 12/28/06 190

Undertaker J. Herwig & Son

Address 2058 Adams St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96579 — *Registered No. B* 96579

92

CERTIFICATE OF DEATH.

(Place of Death.) *No.* #518 N. Chester St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Albert H. Yent

{ Residence, if in Baltimore, Give Street and Number. } #518 N. Chester St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct. 17th 1906
AGE	2 years, 9 months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Walter Yent
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Lula Weber
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Walter Yent

(Address) 518 N. Chester St

Filed 12/27 1906 HARRY C. ANDREWS. PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to Dec 26 1906

that I last saw h im alive on Dec 25 1906

and that death occurred, on the date stated above, at 5 45 A M. CAUSE OF DEATH (Secondary or Immediate)

Broncho = Pneumonia

(DURATION) 3 DAYS

Con tributory (Primary.) Convulsions and Exhaustion (DURATION) 1 DAYs

(Signed) Adolf C. Eisenhart M.D.

Address 2213 Orleans St

Date Dec 26 1906

Place of Burial Baltimore Cemetery

Date 12/27/06 1906

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 96580 — Registered No. B 96580

11

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Seidler

{ Residence, if in Baltimore, Give Street and Number. } 1028 E. Lombard St

Duration of Residence in Baltimore 17 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX: M.	COLOR: W.
DATE OF BIRTH: 1	
AGE: 50. years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Russia
FULL NAME OF FATHER	Morris Seidler
BIRTHPLACE OF FATHER (State or country)	Russia
MAIDEN NAME OF MOTHER	Silva Sachs
BIRTHPLACE OF MOTHER (State or country)	Russia
OCCUPATION OF DECEASED	Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Myer Seidler

(Address) 1432 E Fayette st

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1906 to Dec. 27 1906 that I last saw h[illegible] alive on Dec. 27 1906 and that death occurred, on the date stated above, at 9.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Myocarditis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date December 27 1906

Place of Burial Philip's Rd Roas Dale

Date Dec 28 1906

Undertaker Max Leinsor

Address 1138 Low st

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

96581

Registered No. B 96581

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 126 Perry St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Nellie Jefferson

{Residence, if in Baltimore, Give Street and Number.} 126 N. Perry St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: 1

AGE: ....years, 4 months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Albert Jefferson

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rose Hallin

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Rose Hallins

(Address) 126 Perry st

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 24 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 24 1906

that I last saw her alive on Dec 24 1906,

and that death occurred, on the date stated above, at 1 00 A. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

.....(DURATION).....DAYS

Contributory (Primary.)

.....(DURATION).....DAYS

(Signed) H Edward Smith M.D.

Address 520 Hamburg St

Date Dec 26 1906

Place of Burial Mt Auburn Cemetery

Date Dec 27 1906

Undertaker P A Gallant

Address 506 Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96582

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96582

Registered No. B .....

City of Baltimore, (No. 2717, York Rd St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norman Wesley Davis Jr.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: October (Month) 29th (Day) 1906 (Year)

AGE: ..... years, 1 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Norman Wesley Davis

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Elizabeth Dammeyer

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Davis

(Address) 2717 York Road

Filed 12/27 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 21-06 1906 to 12-27-06 1906

that I last saw him alive on 12-27-06 1906,

and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

Marasmus

(DURATION) 6 mos. DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) H. W. Gadden M. D.

Dec 27th 1906 (Address) 2631 Mt Rd

/SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Holy Cross — DATE OF BURIAL: Dec 28 1906

UNDERTAKER: C. A. Windfield Jr. & Sons — ADDRESS: 2113 Pennsylvania Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 96583 — Registered No. B 96583

CERTIFICATE OF DEATH.

(Place of Death.) No. 302 E. North Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Ernest E. Davie

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 1 year

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	1
AGE	35 years, months, days
SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~	Single
BIRTHPLACE (State or country)	Ga.
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Draughtsman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. F. Evans

(Address) 118 & 120 W. Mt. Royal Ave

Filed 12/27 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to ..... 190 .....

that I last saw h ..... alive on about 190 .....

and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Influenza

1

(DURATION) DAYS

Con'tributory (Primary) Obliteration of Heart

(DURATION) DAYS

(Signed) Lewellys Sutherland M.D. Coroner

Address 1818 N. Charles St

Date Dec 27 1906

Place of Burial Savannah Ga.

Date December 28th 1906

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward ..... 96584 *Registered No. B* 96584

95

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Asylum *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Rebecca L Shuffard.

{ *Residence, if in Baltimore, Give Street and Number.* } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 48 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Singer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C Lamar Holleday, Supt.

(Address) BAY VIEW ASYLUM

Filed 12/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1906

I HEREBY CERTIFY, That I attended deceased from June 6 1906 to Dec. 26 1906 that I last saw h-- alive on Dec. 26 1906 and that death occurred, on the date stated above, at 6 10 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Debilitas

Hypostatic Pneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Horace W. Nicholson M.D.

Address Bay View Hospital

Date Bay View Asylum 1906

Place of Burial Mt Olivet

Date Dec 27 1906

Undertaker Geo W Eade

Address 531 N Fremont Av

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 12

HEALTH DEPARTMENT, City of Baltimore.

96585

Registered No. B 96585

36

CERTIFICATE OF DEATH.

(Place of Death.) No. 420 E. 23rd St. St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Willie Green

{ Residence, if in Baltimore, Give Street and Number. } 420 - E 23rd.

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 26 Nov 1906

AGE: ..... years, 1 month, & Eighty days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore.

FULL NAME OF FATHER: Howard Stewart

BIRTHPLACE OF FATHER (State or country): Penn.

MAIDEN NAME OF MOTHER: Annie Green

BIRTHPLACE OF MOTHER (State or country): Penn

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Physician

(Address) 420 23rd.

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 Dec, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 26 1906 to Dec 26 1906

that I last saw him alive on Dec 26 1906,

and that death occurred, on the date stated above, at 3 P.M. CAUSE OF DEATH (Secondary or Immediate)

(Primary or Plainly) Inherited Syphilis, Ulceration Nose, Spina Bifida

aggravated by Asthma (DURATION) ..... DAYS

Exhaustion Contributory (Primary.) Syphilis, Meningitis (DURATION) ..... DAYS

(Signed) Loughton Bayley M.D.

Address 2 2nd & Guilford Ave

Date Dec 26 1906

Place of Burial Laurel Cemetery

Date December 27 1906

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96586 — Registered No. B 96586

CERTIFICATE OF DEATH.

95

(Place of Death.) No. 1208 Greenmount ave St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Phillip Reardon

{Residence, if in Baltimore, Give Street and Number.} 1208 Greenmount Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W.

DATE OF BIRTH: 1

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: James Reardon

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Marg. Crowin

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Dennis C. Reardon

(Address) 1208 Greenmount Ave

Filed 12/27 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1906 to Dec 26 1906 that I last saw h[illegible] alive on Dec 25th 1906, and that death occurred, on the date stated above, at 1.30 a.m. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Congestion
& Asthenia

(DURATION) 5 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno T McCauley M.D.

Address 636 W. Franklin St

Date Dec 27th 1906

Place of Burial Cathedral Cemetery

Date Dec. 29, 1906

Undertaker H. H. Means & Son

Address 805 N. Calvert St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — Registered No. B 96587

96587

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 333 Girard ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Robert E. Power.

{Residence, if in Baltimore, Give Street and Number.} 333 Girard ave

Duration of Residence in Baltimore. 20 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ~~Dec 25th~~ Sep. 12 1860

AGE: 46 years, 3 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Co Md

FULL NAME OF FATHER: John Power.

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Katherine E. Croxford

BIRTHPLACE OF MOTHER (State or country): Balto Co Md

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Power.

(Address) 333 Girard ave

Filed 12/27 1906 HARRY C. ANDRAWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1st 1906 to Dec 25th 1906 that I last saw h[illegible] alive on Dec 25th 1906, and that death occurred, on the date stated above, at 4 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis,

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Peaine M.D.

Address 1218 Fremont Ave

Date Dec 26 1906

Place of Burial Druid Ridge Cemetery

Date Dec 28th 1906

Undertaker C. J. Sweeney

Address 1938 E Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 24 96588 Registered No. B 96588

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 107 E. West St St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Chas F. Degel

{Residence, if in Baltimore, Give Street and Number.} 107 E West St.

Duration of Residence in Baltimore. 12 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male. COLOR White

DATE OF BIRTH May 30 1885

AGE 21 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Newark N.J.

FULL NAME OF FATHER Henry Degel Jr.

BIRTHPLACE OF FATHER (State or country) Newark N.J.

MAIDEN NAME OF MOTHER Kate Hessler

BIRTHPLACE OF MOTHER (State or country) Newark N.J.

OCCUPATION OF DECEASED Harness Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Degel

(Address) 1810 S. Eden St

Filed 12/27 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Dec 26 1906 that I last saw h[illegible] alive on Dec 25 1906, and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis (DURATION) 6 Mos DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) J. L. Gresham M.D.

Address 1303 Eutaw St

Date Dec 26 1906

Place of Burial Western Cemetery

Date Dec 29 1906

Undertaker Robt Timmons

Address 1[illegible] Baltimore

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96589

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH.

Registered No. B 96589

City of Baltimore, (No. 1834, N. Dunham St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Sophia A. M. Noll

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	November 1 (Month) (Day) Year)
AGE	48 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore city
FULL NAME OF FATHER	Valentine Noll
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Marie Bergel
BIRTHPLACE OF MOTHER (State or country)	Germany.
OCCUPATION OF DECEASED	Vest Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Robt. Noll.

(Address) No. 1334 N. Dunham st

Filed 12/26 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 21 1906 to Dec. 27 1906 that I last saw her alive on Dec 26 1906, and that death occurred, on the date stated above, at 3 A. M. The CAUSE OF DEATH was as follows:

Cardiac Hypertrophy

Several months (DURATION) DAYS

Contributory General Dropsy.

Several months (DURATION) DAYS

(Signed) Wm C Cornell M. D.

Dec 27 1906 (Address) 1141 Hanover ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
St. Matthews	Dec 29 1906
UNDERTAKER	ADDRESS
Robt J Turner	Pikesville

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96590 — Registered No. B 96590

CERTIFICATE OF DEATH.

(Place of Death.) No St. Vincents Infant Asylum St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James Edward Williams

{Residence, if in Baltimore, Give Street and Number.} St. Vincents Infant Asylum

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Oct 21 1906

AGE: ..... years, 2 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S.

BIRTHPLACE (State or country): D. C.

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) St. Vincents Infant Asy.

Filed 12/27 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1906

I HEREBY CERTIFY, That I attended deceased from Nov 12 1906 to Dec 27 1906

that I last saw him alive on Dec 27 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) E. A. Hayward M.D.

Address 1237 Cathedral

Date 12-27 1906

Place of Burial New Cathedral

Date Dec. 27th 1906

Undertaker Martin Fahey & Sons

Address 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death***.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96591

Ward 23 96591 Registered No. B 179

CERTIFICATE OF DEATH.

(Place of Death.) No. 914 Fadum Ln St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Matilda F. Henry

{Residence, if in Baltimore, Give Street and Number.} Same

Duration of Residence in Baltimore. 45 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1.....

AGE 68 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country) Dorchester Co. Md

FULL NAME OF FATHER John Henry

BIRTHPLACE OF FATHER (State or country) Dorchester Co. Md

MAIDEN NAME OF MOTHER Mary Nash

BIRTHPLACE OF MOTHER (State or country) Dorchester Co. Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Waverly Henry

(Address) 935 Leadenhall st

Filed 12/27/1906 HARRY O. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....,

and that death occurred, on the date stated above, at 12.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart failure, following a congestive chill, duration 2 days

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) ..... DAYS

(Signed) J. D. Gilchrist M.D. Coroner

Address 211 W. Lanvale

Date Dec 27th 1906

Place of Burial Mt. Auburn Cem.

Date Dec. 28th 1906

Undertaker C. L. Brown & Son

Address 108 W. Montgomery st.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

95592

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

19

CERTIFICATE OF DEATH.

Registered No. B 96592

City of Baltimore, (No. # 718 Greenmount Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Jennie Coplin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH September 18th 1887 (Year)
(Month) (Day)

AGE 19 years, 3 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Russia

FULL NAME OF FATHER Max Coplin

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Sarah Herman

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED Seamstress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Herman

(Address) 212 S Exeter st

Filed 12/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28th 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from December 18th 1906 to December 27th 1906

that I last saw her alive on December 27th 1906

and that death occurred, on the date stated above, at 6a m. The CAUSE OF DEATH was as follows:

Heart Disease

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) John J Stick M. D.

Dec 28th 1906 (Address) 936 E Monument

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Philip Rd Ken Rum

DATE OF BURIAL Dec 28 1906

UNDERTAKER Max Levinson

ADDRESS 1188 Lowst

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 96593 — Registered No. B 96593 / 23

CERTIFICATE OF DEATH.

(Place of Death.) No. 592 N. Preston St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary C. Fox

{Residence, if in Baltimore, Give Street and Number.} 592 N. Preston St.

Duration of Residence in Baltimore. 28 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female — COLOR col

DATE OF BIRTH 1855

AGE 57 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Pennsylvania

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Pennsylvania

OCCUPATION OF DECEASED Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Estella Cuntz

(Address) 592 Preston St

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26. 1906.

I HEREBY CERTIFY, That I attended deceased from — 1900 to Dec 1906

that I last saw h[illegible] alive on Dec 20 1906

and that death occurred, on the date stated above, at 4 A.M. CAUSE OF DEATH (Secondary or Immediate

Primary Carcinoma

of breast.

Secondary growth in Pleura & Stomach. (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A D Atkinson M.D.

Address 921 N. Charles St

Date Dec 26. 1906

Place of Burial Mt Auburn

Date Dec 29th 1906

Undertaker Lawrence L. Dugan

Address 1364 Monroe Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17

96594 Registered No. B 96594

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 2134 Division Street St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Claiborne

{ Residence, if in Baltimore, Give Street and Number. } 2134 Division St.

Duration of Residence in Baltimore. 20 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: 1872

AGE: 34 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: William Frost

BIRTHPLACE OF FATHER (State or country): Virginia

MAIDEN NAME OF MOTHER: ——

BIRTHPLACE OF MOTHER (State or country): Virginia

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lizzie Claiborne

(Address) 2134 Division St

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

V

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27, 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1906 to Dec. 27 1906 that I last saw h[illegible] alive on Dec. 27 1906, and that death occurred, on the date stated above, at 11:3[illegible] A. M. CAUSE OF DEATH (Secondary or Immediate

Pulmonary Tuberculosis

(DURATION) 4 mos. 28 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm H. Wagner M.D.

Address 1373 N. Carey St

Date Dec. 27, 1906

Place of Burial Mt Auburn

Date Dec 29th 1906

Undertaker James B Wright

Address 1364 N Carey St

WM. J. C. DULANY CO., BALTIMORE.

96595

10

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96595

City of Baltimore, (No. 604 N Carrollton Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Isabella Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jan (Month) 2 (Day) 1822 (Year)

AGE: 84 years, 11 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Anna Arundel Co

FULL NAME OF FATHER: Benjamin Hinsberry

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Sarah Swanster

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E H Robinson

(Address) 604 N Carrollton Ave

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 26 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 19 1906 to Dec 26 1906

that I last saw her alive on Dec 26 1906,

and that death occurred, on the date stated above, at 12 A.M. The CAUSE OF DEATH was as follows:

Senile decay

(DURATION) ..... DAYS

Contributory General debility

(DURATION) ..... DAYS

(Signed) Robert C Kinsey M. D.

Dec 28 1906 (Address) 1001 W Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Elverton A.A. Co	Dec 28 1906
UNDERTAKER	ADDRESS
Armstrong Bevy Co Md	715 Light st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 15 — 96596 — Registered No. B 96596 66

CERTIFICATE OF DEATH.

(Place of Death.) No. 1406 N. Fulton Ave St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Joshua W. Fowler

{Residence, if in Baltimore, Give Street and Number.} Same as above

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White.

DATE OF BIRTH: Mar 29. 1862

AGE: 44 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Westminster Md.

FULL NAME OF FATHER: Wm. H. Fowler

BIRTHPLACE OF FATHER (State or country): Westminster Md.

MAIDEN NAME OF MOTHER: Katherine Hunter.

BIRTHPLACE OF MOTHER (State or country): Westminster Md

OCCUPATION OF DECEASED: Butcher.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Fowler.

(Address) 1406 N. Fulton Ave

Filed 12/28 1906

HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 27 * 1906

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 7 AM to Dec 27 1906

that I last saw him alive on Dec 27 1906, 1.50

and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Stroke of Paralysis

(DURATION) 12 hours DAYS

Contributory (Primary.) Had 2 Strokes on last 5 yrs

(DURATION) DAYS

(Signed) Chas. E. Sadtler M.D.

Address 1415 Linden Ave

Date Dec 28 1906

Place of Burial Westminster Md.

Date Dec 29. 1906

Undertaker Wm Andrew Rohde Sons

Address 730 Penna Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

96597

Ward 17 96597 Registered No. B 180

CERTIFICATE OF DEATH.

(Place of Death.) No. Md. Gen'l Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mary Brown

{Residence, if in Baltimore, Give Street and Number.} 1204 Druid Hill Ave

Duration of Residence in Baltimore. 5 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Black.

DATE OF BIRTH ..... 1 .....

AGE 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Va

FULL NAME OF FATHER Robert Brown

BIRTHPLACE OF FATHER (State or country) Va

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE OF MOTHER (State or country) unknown

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Felix B Pye

(Address) 102 E Mulberry St

Filed 12/28/1906 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25, 1906

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1906 to Dec 25, 1906

that I last saw h[illegible] alive on Dec 25, 1906

and that death occurred, on the date stated above, at 2-00 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia following Laparotomy for Hysterectomy

Duration (DURATION) — DAYS

Contributory (Primary.) Toxaemia of

Heart Failure (DURATION) 2 DAYS

(Signed) E. C. Langley, M.D.

Address Md. Gen. Hospital

Date Dec 25 1906

Place of Burial Mt Auburn Cemetery

Date Dec. 28 1906

Undertaker Felix B Pye

Address 102 E Mulberry St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96598 — Registered No. B 96598

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 W. Balto. St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Max. Fautl.

{ Residence, if in Baltimore, Give Street and Number. } 915 W Balto St

Duration of Residence in Baltimore. 17 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 1863

AGE: 43 years, 5 months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): Not Known

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: Salesman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife - Hannah Fautl

(Address) 915 W Balto St

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1905 to Dec 26 1906

that I last saw him alive on Dec 26 1906,

and that death occurred, on the date stated above, at 9.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocardic Canc

(DURATION) 3 DAYS

Contributory (Primary.) Nephritis

(DURATION) 1½ Yrs

(Signed) Henry C. Ahle M.D.

Address 1203 W. Fayette St

Date Dec 27 1906

Place of Burial Ohel Shalom

Date Dec 28 1906

Undertaker Jos Block

Address 1003 E. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward 6 — 96599 — Registered No. B 96599

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 101 N Rose St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James C. Nosick

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore. 5 months

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH 1869 1

AGE 37 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Thomas Nosick

BIRTHPLACE OF FATHER (State or country) Bohemia

MAIDEN NAME OF MOTHER Barbara Wiskot

BIRTHPLACE OF MOTHER (State or country) Bohemia

OCCUPATION OF DECEASED Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Frank Kyesley

(Address) 101 N Rose St

Filed 12/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to — 190—

that I last saw h alive on Dec 26 1906,

and that death occurred, on the date stated above, at 1.30 P. M. CAUSE OF DEATH (Secondary or Immediate.)

~~Secondary Pulmonary~~
~~Tuberculosis~~
~~Chronic Pneumonia~~
Exhaustion (DURATION) 1 DAY

Contributory (Primary.) T.B about 4 mos (DURATION) DAYS

(Signed) S M R Bynum M.D.

Address 33 N Eutaw St

Date Dec 27 1906

Place of Burial Oak Hill Cem.

Date Dec. 29 1906

Undertaker Jos. J. Hess

Address 1914 E. Fayette St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96600 — Registered No. B 96600

93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John Brice

{ Residence, if in Baltimore, Give Street and Number. } 506 Carlton St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	B.
DATE OF BIRTH	1
AGE	63 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	W.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	—
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 25. 1906

11 am.

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Dec. 25 1906

that I last saw h[illegible] alive on Dec. 25 1906

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Lo A. Dorsey M.D.

Address City Hospital

Date December 27 1906

Place JOHNS HOPKINS HOS

Date DEC 27 1906 190

Commissioner Health,

Undertaker W

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL P

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 — 96601 — Registered No. B 96601

CERTIFICATE OF DEATH.

(Place of Death.) No. 132 N. Luzern St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Karl J. Jamrzla

{ Residence, if in Baltimore, Give Street and Number. } 132 N. Luzern st

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: March 27 1901

AGE: 5 years, 9 months, 26 days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: Charles Jamrzla

BIRTHPLACE OF FATHER (State or country): Baltimore City

MAIDEN NAME OF MOTHER: Margureth Koch

BIRTHPLACE OF MOTHER (State or country): Baltimore City

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles Jamrzla

(Address) 132 N. Luzern st

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 26 1906

that I last saw h~~im~~ alive on Dec 26 1906,

and that death occurred, on the date stated above, at 12 noon.

CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease Rheumatism & Dropsy

(DURATION) 90 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) A. C. Bern M.D.

Address 156 Milton Ave

Date Dec 26 1906

Place of Burial Holy Redeemer Cemetary

Date DEC 29 1906 190

Undertaker Christian Miller,

Address 2334 Jefferson Street.

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — Registered No. B 96602

96602 — 174

CERTIFICATE OF DEATH.

(Place of Death.) No. 2428 Etting St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Elmer C. Watson.

{Residence, if in Baltimore, Give Street and Number.} 2428 Etting st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	April 4th 1906
AGE	..... years, 7 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Wade Watson.
BIRTHPLACE OF FATHER (State or country)	S. C.
MAIDEN NAME OF MOTHER	Essie Carpenter
BIRTHPLACE OF MOTHER (State or country)	Balto.
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wade Watson.

(Address) 2428 Etting St

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1906 to Dec 27th 1906 that I last saw him alive on Dec 27th 1906, and that death occurred, on the date stated above, at 10 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus (DURATION) 60 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. C. Link, M.D.

Address 313 W. North Ave

Date Dec 27th 1906.

Place of Burial Mt. Auburn ✓

Date December 29 1906

Undertaker Wm. J. Johnson

Address 614 Baker St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

15

96603

9?

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96603

Registered No. B.....

City of Baltimore, (No. 1319, St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Gertrude Conway

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored

DATE OF BIRTH: Aug (Month) 2 (Day) 1906 (Year)

AGE: ..... years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Thomas Conway

BIRTHPLACE OF FATHER (State or country): Lancaster Co Pa

MAIDEN NAME OF MOTHER: Rosie Thompson

BIRTHPLACE OF MOTHER (State or country): Baltimore Co Md

OCCUPATION OF DECEASED: Baby

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Conway

(Address) 1319 Stockton St

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 22 1906 to Dec 27 1906

that I last saw h.. alive on 26 1906,

and that death occurred, on the date stated above, at 11.50 A. M. The CAUSE OF DEATH was as follows:

Broncho Pneumonia

Duration: About one week

Contributory: Cold

Duration: .....

(Signed) D.E. Campbell M. D.

Dec 27 1906 (Address) 1369 Mt Street

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Mo[illegible] | DATE OF BURIAL: Dec 28 1906

UNDERTAKER: Wm J Johnson | ADDRESS: 614 Baker st

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore

Ward 15 — 96604 — Registered No. B 96604

CERTIFICATE OF DEATH.

(Place of Death.) No. 1340 N. Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie Brown Scott

{Residence, if in Baltimore, Give Street and Number.} 1340 N Fremont.

Duration of Residence in Baltimore. about

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem.

COLOR: Colored

DATE OF BIRTH: Unknown 1

AGE: 35 years, ___ months, ___ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: ———

BIRTHPLACE OF FATHER (State or country): — —

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Woodland

(Address) 1340 N. Fremont St.

Filed 12/28 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27th 1906

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h... alive on ... 190 ...,

and that death occurred, on the date stated above, at ...

...M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

As Known

about two. (DURATION) ... DAYS

Contributory (Primary.)

(DURATION) ... DAYS

(Signed) Alex Baerdine M.D.

Address 700 Log. av. & Conway

Date Dec. 27 th 1906

Place of Burial Mt. Auburn

Date Dec 29 1906

Undertaker W. M. J. Johnson

Address 614 S Baker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 96605 — Registered No. B 96605

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Johnson

{Residence, if in Baltimore, Give Street and Number.} 141 N. Hamburg St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 40 years, months, days

SINGLE, MARRIED, ~~WIDOWED~~, OR DIVORCED

BIRTHPLACE (State or country): Fairfields Md

FULL NAME OF FATHER: Not Known

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Robins

(Address) 141 N. Hamburg st

Filed 12/28 1906 HARRY C. ANDREWS, Registrar PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 26 1906 that I last saw him alive on Dec 26 1906, and that death occurred, on the date stated above, at 10:45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Pericarditis

— (DURATION) — DAYS

Contributory (Primary.) Subacute parenchymatous Nephritis (DURATION) — DAYS

(Signed) F. R. Winslow M.D. U.M.B.

Address University Hospital

Date Dec. 27th 1906

Place of Burial Furnace, Branch Ind. M.&O.

Date Dec 29th 1906

Undertaker G. L. Bowman & Son

Address 108 N. Montgomery St

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore. 96606

Ward 22 96606 Registered No. B 106

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Patrick Mannion

{Residence, if in Baltimore, Give Street and Number.} 116 E. Hill St.

Duration of Residence in Baltimore. 5 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: — 1865

AGE: 41 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Thos. Mannion

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday. Supt.

(Address) BAY VIEW ASYLUM

Filed 12/28 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 26 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 21 1906 to Dec. 26 1906 that I last saw h in alive on Dec. 26 1906 and that death occurred, on the date stated above, at 6 a. M. CAUSE OF DEATH (Secondary or Immediate.)

Intestinal volvulus

Direct inguinal Hernia (DURATION) DAYS

Con'tributory (Primary.) Exhaustion (DURATION) DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Hospital

Date Dec 26 1906

Place of Burial St Peters Cem

Date Dec 29 1906

Undertaker M Doyle and Son

Address 17 E Lee St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 — 96607 — Registered No. B 96607 47

CERTIFICATE OF DEATH.

(Place of Death.) No. 408 Pearl St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Fred. J. Roman

{ Residence, if in Baltimore, Give Street and Number. } Born

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1854

AGE: 52 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Fred J Roman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martin Roman

(Address) 408 Pearl St

Filed 12/28 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 6.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.) Rheumatism

(DURATION) DAYS

(Signed) J. D. Schubart Coroner M.D.

Address 211 N. Gammon

Date Dec 26th 1906

Place of Burial Holy Redeemer

Date Dec 28th 1906

Undertaker John J Bowen

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96608 — Registered No. B 96608

CERTIFICATE OF DEATH. 93

(Place of Death.) No. 2119 E Eager St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Prochaska

{Residence, if in Baltimore, Give Street and Number.} 2119 E Eager St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: ..... years, 15 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

BIRTHPLACE (State or country): Bohemia

FULL NAME OF FATHER: Vaclav Prochaska

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Teresie Prochaska

BIRTHPLACE OF MOTHER (State or country): Bohemia

OCCUPATION OF DECEASED: C

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marie Prochaska

(Address) 2119 E Eager St

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27 1906

I HEREBY CERTIFY, That I attended deceased from December 11 1906 to December 27 1906

that I last saw him alive on " 1906,

and that death occurred, on the date stated above, at 10 M. CAUSE OF DEATH (Secondary or Immediate)

Lobar Pneumonia

(DURATION) 14 DAYS

Contributory (Primary) Cardiac Insufficiency (DURATION) DAYS

(Signed) Willard J. Ryland M.D.

Address 2008 Ashland Ave

Date 12-28-06 1906

Place of Burial Bakehill

Date Dec 28 1906

Undertaker Frank Brach

Address 1904 Ashland Ave

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 12 — 96609 — Registered No. B 96609

CERTIFICATE OF DEATH.

(Place of Death.) No. 2718 Bernard St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William Gildenfenny

{Residence, if in Baltimore, Give Street and Number.} 2718 Bernard St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: July 17 1903

AGE: 3 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: William Gildenfenny

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Barbara Krisack

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William Gildenfenny

(Address) 2717 Bernard St

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 27th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 27 1906

that I last saw him alive on Dec 27 1906,

and that death occurred, on the date stated above, at 1145 A.M. CAUSE OF DEATH (Secondary or Immediate)

Diptheria

(DURATION) 2 DAYS

Contributory (Primary.) Membranous Croup

(DURATION) 2 DAYS

(Signed) Thos A. Milliman M.D.

Address 2449 York Road

Date December 28 1906

Place of Burial Mt Olivet Cathedral

Date Dec 28 1906

Undertaker C. A. Kirkpatrick

Address 2113 Greenmount Ave

3 P.M.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96610

14

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96610

City of Baltimore, (No. 1616 John St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Charles H. De Coursey

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: Colored

DATE OF BIRTH: April (Month) 4 (Day) 852 (Year)

AGE: 55 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Elizabeth Keating

(Address) 1610 Johnson St

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Dec 28 1906 that I last saw h[illegible] alive on Dec 28 1906, and that death occurred, on the date stated above, at 8 a.m. The CAUSE OF DEATH was as follows:

Chronic Nephritis

(DURATION) about 4 years

Contributory Heart exhaustion

(DURATION) ... DAYS

(Signed) Albert F. Coney M. D.

12-28 1906 (Address) 1533 John

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem. DATE OF BURIAL: Dec 29 1906

UNDERTAKER: Felix B. Pyle ADDRESS: 102 E Mulberry

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 7 — 96611 — Registered No. B 96611

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 Mc Donough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Calvin K Edwards

{Residence, if in Baltimore, Give Street and Number.} 814 Mc Donough

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Oct 25th 1905

AGE: 1 years, 2 months, — days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balt City

FULL NAME OF FATHER: Wm W Edwards

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Amelia Johnson

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm W Edwards

(Address) 814 Mc Donough St

Filed 12/28 1906 HARRY C. ANDREWS PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to Dec 25 1906

that I last saw him alive on Dec 25 1906,

and that death occurred, on the date stated above, at 2 A. M.

CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

Exhaustion

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Alex S Sage M.D.

Address 727 N Broadway

Date 12/26/06 1906

Place of Burial Laurel

Date Dec 28th 1906

Undertaker H T Ellicott

Address 502 Regent Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 22 — 96612 — Registered No. B 96612

CERTIFICATE OF DEATH.

(Place of Death.) No. 203 E Hughes ST St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Clarence Milligan

{Residence, if in Baltimore, Give Street and Number.} 203 E Hughes St

Duration of Residence in Baltimore. 21

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Feb 17 1906

AGE: ..... years, 10 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Joseph Milligan

BIRTHPLACE OF FATHER (State or country): Queens Anne Co Md

MAIDEN NAME OF MOTHER: Etta Thomas

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Jas. Milligan

(Address) 203 Hughes St.

Filed 12/28, 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 12 1906 to Dec 26 1906

that I last saw him alive on Dec 24 1906,

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Marasmus

1 Month (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S Charles St

Date Dec 27th 1906

Place of Burial Cedar Hill Cem

Date Dec. 28, 1906

Undertaker J. F. Fahey

Address 1123 E Fillmore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 7

96613 Registered No. B 96613

CERTIFICATE OF DEATH.

(Place of Death.) No. 119 S. Castle St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sebastian North

{Residence, if in Baltimore, Give Street and Number.} 119 S. Castle st

Duration of Residence in Baltimore. 41 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Jan 26 1837

AGE: 69 years, 11 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Baker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ira J. North

(Address) 2208 E. Hoffman

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26th 1906

I HEREBY CERTIFY, That I attended deceased from May 17th 1906 to Dec 26th 1906 that I last saw him alive on Dec 26th 1906, and that death occurred, on the date stated above, at [illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Cancer of Stomach

7 Months (DURATION) 14 DAYS

Contributory (Primary)

Prostration (DURATION) 21 DAYS

(Signed) Chas L. Buddenbaum M.D.

Address 418 S. Paca st

Date Dec 27th 1906

Place of Burial Holy Redeemer Cemetery

Date Dec 29 1906

Undertaker Wm J. Schaffer

Address 800 E. Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 96614 — Registered No. B 96614

CERTIFICATE OF DEATH.

(Place of Death.) No. 318 Eutaw Court St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henry Woolfrick

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Most of his life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	1853
AGE	53 years, ... months, 1 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Unknown
FULL NAME OF FATHER	"
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Cassell

(Address) 436 Baltimore

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26th 1906 to ... 190...

that I last saw him alive on ... 190...,

and that death occurred, on the date stated above, at 12.30 a.m. CAUSE OF DEATH (Secondary or Immediate

Heart Disease, Complicated with Nephritis.

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) J. L. Whitehurst M.D.

Address 711 W. Lanvale St.

Date Dec 28th 1906

Place of Burial Mt Auburn

Date Dec 29 1906

Undertaker Alex Hemsley

Address 1902 Presidale

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96615 — Registered No. B 96615

CERTIFICATE OF DEATH.

(Place of Death.) No. Little Sisters of the Poor St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name Thomas Keenan

{Residence, if in Baltimore, Give Street and Number.}

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: W.

DATE OF BIRTH: Nov 10 th 1829

AGE: 77 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Thomas Keenan

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Ann Mc Guire

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Paperhanger

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sr Dorothy Mary

(Address) Preston & Valley

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 27th 1906

I HEREBY CERTIFY, That I attended deceased from No record 190 to 190

that I last saw h im alive on Dec 22 1906,

and that death occurred, on the date stated above, at 9 a. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho pneumonia

(DURATION) 13 DAYS

Contributory (Primary) Exhaustion (DURATION) DAYS

(Signed) F. A. Warner M.D.

Address 1133 Valley st

Date Dec 27 1906

Place of Burial Holy Cross

Date Dec 28 9 a 1906

Undertaker Henry C. Wiedefeld

Address 914 Fremont av.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether single, married, widowed or divorced), **birthplace, occupation and residence** of the deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward V 96616 Registered No. B 96616

CERTIFICATE OF DEATH. 27

(Place of Death.) No. Ext 245, S. Wolfe st. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick Goetz

{Residence, if in Baltimore, Give Street and Number.} 245, S. Wolfe st.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	July 18th 1879
AGE	27 years, 7 months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Baltimore Md
FULL NAME OF FATHER	Lankratz Goetz
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Kunigunda Felbinger
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Josephine Goetz

(Address) 245 S. Wolfe Sts.

Filed 12/28 1906 HARRY C. ANDREWS, Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 26th 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 24 1906 to Dec. 25 1906

that I last saw h[illegible] alive on Dec. 25 1906

and that death occurred, on the date stated above, at 12 M.

CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 2 DAYS

Contributory (Primary.) Phthisis Florida

Pulmonalis (DURATION) 31 DAYS

(Signed) Pierre C. Dausch M.D.

Address 121, Jackson Square

Date Dec. 26 1906

Place of Burial Holy Redeemer Cem.

Date Dec. 29th 1906

Undertaker Germanus Thanz

Address Bank & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3rd 96617 Registered No. B 96617

CERTIFICATE OF DEATH.

(Place of Death.) No. 238 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip Vogelwaid

{ Residence, if in Baltimore, Give Street and Number. } 238 S. Dallas

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec. 22nd 1873

AGE: 33 years, — months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: Bartholoma Vogelwaid

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Donl- Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Hunman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Clara Vogelwaid

(Address) 238 S. Dallas St

Filed 12/28 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27" 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1906 to Dec 27 1906 that I last saw h alive on Dec 26 1906, and that death occurred, on the date stated above, at 4.20 a. m. CAUSE OF DEATH (Secondary or Immediate)

Paresis Duration Chronic 18 Months

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) Howard C. Silver M.D.

Address 1904 Bolton St.

Date Dec 27" 1906

Place of Burial St. Mathews Cem.

Date Dec. 30th 1906

Undertaker Germanus France

Address Bank & Wolf Sts.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within *eighteen hours after death*, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the *full name, sex, age, condition* (whether married or single) of the person deceased, and the *cause and date of death.*

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 6 96618 *Registered No. B* 96618

CERTIFICATE OF DEATH.

(Place of Death.) *No.* 414 N. Bradford St. *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Melchor Bothe

{Residence, if in Baltimore, Give Street and Number.} 414 N. Bradford St.

Duration of Residence in Baltimore. about 53 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	May 1st 1837
AGE	69 years, 7 months, 26 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Melchor Bothe
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	don't know
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Picker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Regina Bothe

(Address) 414 N. Bradford St

Filed 12/28 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec 10 1906 to Dec 27 1906 that I last saw him alive on Dec 23 1906, and that death occurred, on the date stated above, at 2.15 P. M. CAUSE OF DEATH (Secondary or Immediate)

1 Carcinoma of throat 6 mo (DURATION) DAYS

Contributory (Primary) 2 Heart failure (DURATION) DAYS

(Signed) Arthur Hegeman M.D.

Address 120 E Monument

Date Dec 27 1906

Place of Burial Holy Redeemer Cem.

Date Dec. 31st 1906

Undertaker Germanus Thanner

Address Bang & Wolpe Sts.

WM. J. C. DULANY CO., BALTIMORE.

96619

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96619

Registered No. B .....

City of Baltimore, (No. 643, W. Baltimore St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mildred K. Hunt

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec (Month) 12 (Day) 1906 (Year)

AGE: ..... years, ... months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Maurice S Hunt

BIRTHPLACE OF FATHER (State or country): Balto, Md

MAIDEN NAME OF MOTHER: Catherine L Mildred

BIRTHPLACE OF MOTHER (State or country): Balto. Md

OCCUPATION OF DECEASED: .....

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. S. Hunt - father

(Address) 643 W. Baltimore

Filed 12/28 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1906 to Dec. 26, 1906

that I last saw h er alive on Dec. 26 1906,

and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Infantile paralysis

about a week (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) H. E. Shumwell M. D.

Dec. 27 1906 (Address) 2326 Eutaw pl.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park | DATE OF BURIAL: Dec 29 1906

UNDERTAKER: Geo J Arnold Co | ADDRESS: W. Baltimore

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96620 — Registered No. B 96620

CERTIFICATE OF DEATH.

19

(Place of Death.) No. Ont st near Penn & Fremont St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John C. Rock

{ Residence, if in Baltimore, Give Street and Number. } Cor Penn & Fremont

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Feby 15th 1832

AGE: 74 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married.

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: William Rock.

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Dorothea —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael J Rolb

(Address) 726½ Saratoga St

Filed 12/28 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 27 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease, and Alcoholism

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Schutt M.D. Coron

Address 211 W. Lanvale

Date Dec 28th 1906

Place of Burial Bolt Cemetery

Date Dec 30th 1906

Undertaker Geo Lewin and Son

Address 647 N Pratt st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96621

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B .....

CERTIFICATE OF DEATH. 96621 9

(Place of Death.) No. 818 N. Gay St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lorretta Sotterer

{Residence, if in Baltimore, Give Street and Number.} 818 N. Gay St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH 28 Nov. 1906

AGE 1 years, 1 months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Gottlieb Sotterer

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizath Sidbuck

BIRTHPLACE OF MOTHER (State or country) Diley

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 818 N Gay St.

Filed 12/28 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Dec 28 1906

that I last saw h[illegible] alive on Dec 28 1906,

and that death occurred, on the date stated above, at 10 A.M. CAUSE OF DEATH (Secondary or Immediate)

Mental Error

(DURATION) 4 DAYS

Contributory (Primary.) Apnoea

(DURATION) 1 DAYS

(Signed) W. D. Morrow M.D.

Address By Telephone

Date Dec 28 1906

Place of Burial Baltimore Cemetery

Date Dec. 28 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96622 — Registered No. B 96622

CERTIFICATE OF DEATH.

27

(Place of Death.) No St Elizabeth Home, St Paul St near Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mother Mary Colette.

{ Residence, if in Baltimore, Give Street and Number. } St Elizabeth Home St Paul St.

Duration of Residence in Baltimore... 1 year.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 13th April 1865

AGE: 41 years, 8 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Scotland

FULL NAME OF FATHER: Lang

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Scotland.

OCCUPATION OF DECEASED: Religious

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mother Mary Mildred

(Address) St Elizabeth Home St Paul St

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27 1906

I HEREBY CERTIFY, That I attended deceased from Oct. 10 1906 to Dec. 27 1906 63

that I last saw her alive on Dec. 27 1906,

and that death occurred, on the date stated above, at 4 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Sepsis

(DURATION) 10 DAYS

Contributory (Primary.) Pulmonary tuberculosis

(DURATION) 2 years DAYS

(Signed) Alexius McGlannan M.D.

Address 2005 Madison Ave.

Date Dec 28 1906

Place of Burial New Cathedral Cemetery

Date December 29th 1906

Undertaker Hy. H. Jenkins & Son Co

Address 233 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 · 96623 · Registered No. B 96623

CERTIFICATE OF DEATH. 19

(Place of Death.) No. Mt. Royal Apartments St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward H. Thomson

{ Residence, if in Baltimore, Give Street and Number. } Mt. Royal Apartments

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Sept 20 1853

AGE 53 years, 3 months, 3 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED married

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Edward H. Thomson

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Mary Scott

BIRTHPLACE OF MOTHER (State or country) Balto Md.

OCCUPATION OF DECEASED Banker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. H. Thomson

(Address) 1034 Edmondson ave

Filed 12/28 1906 HARRY C. ANDREWS Registrar

PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1906

I HEREBY CERTIFY, That I attended deceased from Sudden death 190 to 190

that I last saw him alive on 190,

and that death occurred, on the date stated above, at 2-45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) — DAYS

(Signed) Benj. D. Hayden M.D.

Address 216 N. Carolina st

Date Dec 27, 1906

Place of Burial Greenmount

Date Dec 29th 1906

Undertaker Holdenkins & Son

Address 223 W. Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) date deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 13 — 96624 — Registered No. B 96624

CERTIFICATE OF DEATH.

Place of Death.) No. 2401 Linden Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Henrietta M Geyer

{Residence, if in Baltimore, Give Street and Number.} Life 2401 Linden Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Mch 26 1892

AGE 14 years, 9 months, — days

SINGLE, ~~MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Edwd C. Geyer

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Helene Vogeler

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Irene L. Vogeler

(Address) 1501 Park Ave

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 27th Decr 1906

I HEREBY CERTIFY, That I attended deceased from Dec 5 1906 to Dec 27th 1906

that I last saw h alive on Dec 27 1906,

and that death occurred, on the date stated above, at 1 AM

M. CAUSE OF DEATH (Secondary or Immediate)

Typoid Fever with Paratyphoid Complication

(Was sick 3 days before I saw her)

Decr 28 (DURATION) 27 DAYS

Contributory (Primary.) Typhoid fever

(DURATION) 27 DAYS

(Signed) J. R. Pago M.D.

Address 1206 Linden ave

Date Dec 28 1906

Place of Burial Green Mount

Date Dec 29th 1906

Undertaker Henry W Jenkins & Sons Co

Address 233 Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96625 — Registered No. B 96625

CERTIFICATE OF DEATH.

(Place of Death.) No. 1424 Division St., St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Brand Reilly

{Residence, if in Baltimore, Give Street and Number.} same

Duration of Residence in Baltimore. ~~Life~~ 35 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Oct. 1852

AGE: 54 years, 2 months, ... days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: ~~Widowed~~ Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: — Reilly

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary —

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Horse

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm F Reilly

(Address) 1424 Division St.

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 26 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 26 1906

that I last saw him alive on Dec 26 1906,

and that death occurred, on the date stated above, at 4 A. M. CAUSE OF DEATH (Secondary or Immediate

Chronic Myocarditis

from arteriosclerosis

Mitral Disease

(DURATION) DAYS

Contributory (Primary) Rheumatism

of 3 Yrs (DURATION) DAYS

(Signed) Henry V. Reilly M.D.

Address 1424 Division St

Date Dec 26 1906

Place of Burial Cathedral Cemetery

Date Dec 29, 1906

Undertaker H. W. Mears and Sons

Address 805 W. Calvert St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 16 96626 Registered No. B 96626

160

CERTIFICATE OF DEATH.

(Place of Death.) No. 616 Calverton Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Hackney Feather

{Residence, if in Baltimore, Give Street and Number.} 616 Calverton Road

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	January 24th 1864
AGE	52 years, 11 months, 3 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Thos. Feather
BIRTHPLACE OF FATHER (State or country)	Balto
MAIDEN NAME OF MOTHER	Hackney
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Shoe Fitter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. P. Feather

(Address) 1911 Fendall Ave.

Filed 12/28 1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage

a few minutes (DURATION) DAYS

Contributory (Primary.) Suicide. Cut throat with razor (DURATION) DAYS

(Signed) Silas Baldwin M.D.

Address Two Lag. Av. (Coroner)

Date Dec. 29th 1906

Place of Burial Loudon Park

Date Dec 29 1906

Undertaker Geo W Little

Address 531 N Fremont Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96627 ~~96627~~ — Registered No. B ~~96627~~ 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 1038 Clifton Place St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Minister

{Residence, if in Baltimore, Give Street and Number.} 1038 Clifton Place

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX F — COLOR White

DATE OF BIRTH Dec 28th 1906

AGE ..... years, 2 hours months, ... days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ single

BIRTHPLACE (State or country) Balto City

FULL NAME OF FATHER Thomas F Minister

BIRTHPLACE OF FATHER (State or country) Washington D.C. Baltimore Md

MAIDEN NAME OF MOTHER Elizabeth Wright

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father

(Address) 1038 Clifton Pl.

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at .....

..... M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(DURATION) ..... DAYS

Con'ributory (Primary)

(DURATION) ..... DAYS

(Signed) H G. Beck M.D.

Address 214 E. Preston St.

Date Dec 28th 1906

Place of Burial New Cathedral Cemetery

Date Dec 28th 1906

Undertaker Henry Hoeck & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 18 — 96628 — Registered No. B 96628

47

CERTIFICATE OF DEATH.

(Place of Death.) No. 106 S Arlington ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Carrie L Taylor

{Residence, if in Baltimore, Give Street and Number.} 106 S Arlington ave

Duration of Residence in Baltimore Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Robert F Bishop

BIRTHPLACE OF FATHER (State or country): Balto

MAIDEN NAME OF MOTHER: Annie Bishop

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John J Fields

(Address) 1705 W Lombard

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27 1906

I HEREBY CERTIFY, That I attended deceased from Sept 1 1906 to Dec 27 1906 that I last saw h alive on Dec 26 1906, and that death occurred, on the date stated above, at 12 30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Endocarditis

(DURATION) — DAYS

Contributory (Primary.) Inflammatory Rheumatism (DURATION) DAYS

(Signed) W. F. Smith M.D.

Address 1628 W Lexington St

Date Dec 28 1906

Place of Burial Western Cem

Date Dec 29th 1906

Undertaker John J Fields

Address 1705 W. Lombard

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, City of Baltimore.

Ward 20 — 96629 — Registered No. B 96629

CERTIFICATE OF DEATH.

(Place of Death.) No. 34 Stafford St (If Death occurred in Hospital or institution, give its Name Instead of Street and Number.)

Full Name Ethel Maria Green

{Residence, if in Baltimore, Give Street and Number.} 34 Stafford St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female — COLOR: White

DATE OF BIRTH: August 31 1906

AGE: ..... years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Emanuel T Green

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Carrie Troyer

BIRTHPLACE OF MOTHER (State or country): Balto Co

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E T Green

(Address) 34 Stafford St

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 28 1906

I HEREBY CERTIFY, That I attended deceased from December 26 1906 to Dec. 28 1906 that I last saw her alive on Dec 28 1906, and that death occurred, on the date stated above, at 2.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Inanition (DURATION) days

(Signed) Howard W Jones M.D.

Address Immington

Date Dec. 28 1906

Place of Burial Mt Olivet Cem:

Date Dec: 29. 1906

Undertaker C. W. Dill

Address 810 Fredk: ave:

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96630

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96630

City of Baltimore, (No. 508, E. Fort Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Albert H. Lotz

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: April 26 (Month) 1854 (Day) (Year)

AGE: 52 years, 8 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Dyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Elizabeth Lotz (wife)

(Address) 508, E. Fort Ave.

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to Dec 27 1906

that I last saw him alive on Dec 27 1906,

and that death occurred, on the date stated above, at 1.30 A. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis (DURATION) 6 months

Contributory ..... (DURATION) ..... DAYS

(Signed) J. H. Linhart M. D.

Dec 28 1906 (Address) 1303 Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill Cem	Dec 31 1906
UNDERTAKER	ADDRESS
B. Schloman Son	1024 Hanover St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

23

96631

26

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96631

City of Baltimore, (No. 1505 Hanover St.; 23rd Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Catharine R. Shannon

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 6 (Month) 10 (Day) 1871 (Year)

AGE: 35 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: John F. Tall

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Isabella. Gray

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edward F. Shannon Jr

(Address) 1505 Hanover

Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 26 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 1st 1906 to Dec 26 1906

that I last saw her alive on the 25th Dec 1906,

and that death occurred, on the date stated above, at 7 P. M. The CAUSE OF DEATH was as follows:

Tubercular Laryngitis

3 Months (DURATION) 26 DAYS

Contributory Cause Unknown (DURATION) DAYS

(Signed) J. K. Wiley M. D.

Dec 28 1906 (Address) 722 N. Carey St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt. Olivet

DATE OF BURIAL: Dec 29 1906

UNDERTAKER: G. F. Walker

ADDRESS: 723 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 5 — Registered No. B 96632

96632

CERTIFICATE OF DEATH.

19

(Place of Death.) No. 502 Enson St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Joseph Kavanaugh

{Residence, if in Baltimore, Give Street and Number.} 502 Enson St

Duration of Residence in Baltimore. 20 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Aug 15th 1856

AGE 50 years, 4 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Ireland

FULL NAME OF FATHER Jos Kavanaugh

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER Dont Know

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED Ins agt

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wife

(Address) 502 Enson St

Filed 12/28 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

Dr Fisher

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 27th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1906 to Dec 27th 1906

that I last saw h[illegible] alive on 11 1906

and that death occurred, on the date stated above, at 11 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Acute Dilatation of the Heart

(DURATION) 1 DAYS

Con'ributory (Primary.) Mitral Insufficiency (DURATION) 60 DAYS

(Signed) J. S. Fisher M.D.

Address 9. E. Biddle St

Date Dec. 28th 1906

Place of Burial Baltimore

Date Dec 29- 1906

Undertaker H. C. Winkfield

Address 914 Greenmount Ave

WM. J. C. DULANY CO., BALTIMORE.

no 9. E Biddle

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 96633 — Registered No. B 96633

CERTIFICATE OF DEATH.

154

(Place of Death.) No. 1519 Gough St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Julia Cahill

{Residence, if in Baltimore, Give Street and Number.} 1519 Gough St

Duration of Residence in Baltimore. 4 & Yrs

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Female — COLOR White	DATE OF DEATH Dec 27 1906
DATE OF BIRTH 1816	I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....
AGE 90 years, ... months, ... days	that I last saw h ..... alive on ..... 190 .....
SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow	and that death occurred, on the date stated above, at .....
BIRTHPLACE (State or country) Ireland	..... M. CAUSE OF DEATH (Secondary or Immediate)
FULL NAME OF FATHER Thomas Dwiney	Old Age
BIRTHPLACE OF FATHER (State or country) Ireland	..... (DURATION) ..... DAYS
MAIDEN NAME OF MOTHER	Contributory (Primary.)
BIRTHPLACE OF MOTHER (State or country) Ireland	..... (DURATION) ..... DAYS
OCCUPATION OF DECEASED	(Signed) Thomas Leahy M.D.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.	Address 320 N Green St.
(Informant) Mary Berry	Date Dec 28th 1906
(Address) 1519 Gough St.	Place of Burial Holy Cross Cem
Filed 12/28 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar	Date Dec. 29th 1906
	Undertaker John A Moran
	Address Bank & Aisden

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 14 — 96634 — Registered No. B 96634 / 164

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Esther Williams

{ Residence, if in Baltimore, Give Street and Number. } 42 Courtland St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept. 17 — 1905

AGE: 1 years, 3 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: Oscar Williams

BIRTHPLACE OF FATHER (State or country): Ft. Penn

MAIDEN NAME OF MOTHER: Flora Baker

BIRTHPLACE OF MOTHER (State or country): Pa.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Flora Williams

(Address) 404 N. Front St.

Filed 12/28 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 28 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 12-6 P.M. CAUSE OF DEATH (Secondary or Immediate)

Fractured skull

(DURATION) 1 DAYS

Contributory (Primary.) accidental fall

(DURATION) — DAYS

(Signed) Benj. V. Hopkins M.D. Coroner

Address 1216 N. Caroline St

Date Dec. 28 1906

Place of Burial Baltimore Cemetery

Date Dec. 29 1906

Undertaker Henry Hoeckshaw

Address 1201 E Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

13

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93

CERTIFICATE OF DEATH.

Registered No. B 96635

City of Baltimore, (No. 2701 Penna Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mable A. Cox

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. (Month) 10 (Day) 1906 (Year)

AGE: ..... years, 3 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto City

FULL NAME OF FATHER: E. W. Cox

BIRTHPLACE OF FATHER (State or country): Balto. Co.

MAIDEN NAME OF MOTHER: Julia A. Kenyman

BIRTHPLACE OF MOTHER (State or country): Balto Co.

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Julia A. Kenyman

(Address) 2701 Penna Ave

Filed

..... 190 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 27 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 27 1906

that I last saw her alive on Dec 27 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 2 1/2 DAYS

Contributory Hypostatic Congestion

(DURATION) 4 Days

(Signed) L. F. Frey M. D.

Dec 27 1906 (Address) 2466 Eastern

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Kenwood Md

DATE OF BURIAL: Dec 29 1906

UNDERTAKER: H. S. Marshall

ADDRESS: 353 E. Fallsway

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 19 — 96636 — Registered No. B 96636

154

CERTIFICATE OF DEATH.

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Stolz, Frankie

{ Residence, if in Baltimore, Give Street and Number. } 532 S. Fulton Ave.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov. 15 1830

AGE: 76 years, 1 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Jeweler.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R. J. Prescott

(Address) 532 S Fulton Ave

Filed 12/29 1906 — HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 28th 1906

I HEREBY CERTIFY, That I attended deceased from 12-27-1906 to 12-28 1906 that I last saw h in alive on 12-28 1906, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion —

(DURATION) 1 DAY

Contributory (Primary.) Senility —

(DURATION) — DAYS

(Signed) H. V. Bruce M.D.

Address Franklin Square Hospital

Date December 28th 1906

Place of Burial Baltimore Cemetery

Date Dec. 30th 1906

Undertaker Jno. & Jas. John H. Deutsch

Address 201 E. Fayette St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — 96637 — Registered No. B 96637

13

CERTIFICATE OF DEATH.

(Place of Death.) No. 711 E Preston St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Washington Key

{Residence, if in Baltimore, Give Street and Number.} 711 E Preston St

Duration of Residence in Baltimore. About 40 Yea

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Mal	COLOR: W
DATE OF BIRTH	1
AGE	74 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Philadelphia Pa
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Capt William H Clay

(Address) 165 Washington St City

Filed 12/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 27 1906

that I last saw h- alive on Dec 26 1906,

and that death occurred, on the date stated above, at 8 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm. Pearce M.D.

Address 1238 Eutaw

Date Dec 28 1906

Place of Burial Baltimore. CEMETERY.

Date DEC 29 1906 190

Undertaker H. E. HUGHES.

Address 17 S. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 96638 — *Registered No. B* 96638

CERTIFICATE OF DEATH.

(Place of Death.) *No.* On Boat at foot of Broadway *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Thomas W Woolford

{ *Residence, if in Baltimore, Give Street and Number.* } On a boat at foot of Broadway

Duration of Residence in Baltimore. 35 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: Nov 14th 1840

AGE: 66 years, 1 months, 15 days

~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~: Widowed

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Chas Woolford

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Elizabeth Jones

BIRTHPLACE OF MOTHER (State or country): Md.

OCCUPATION OF DECEASED: Mariner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) H H Roberts

(Address) 216 E Pratt St

Filed 12/29 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Dec 27 1906

that I last saw h in alive on Dec 27 1906

and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Consumption

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J T Spicknall M.D.

Address 14 W Pattersn Pk Ave

Date Dec 27 1906

Place of Burial Baltimore. CEMETERY.

Date DEC 30 1906 190

Undertaker H E Hughes

Address 17 S Broadway

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

23

96639

109

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96639

City of Baltimore, (No. 172 W. Fort Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Francis Luley

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Dec 23 1906 (Month) (Day) (Year)
AGE	..... years, ... months, 7 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	—
BIRTHPLACE (State or country)	Balto City
FULL NAME OF FATHER	James Luley
BIRTHPLACE OF FATHER (State or country)	Balto City
MAIDEN NAME OF MOTHER	Mary Jackson
BIRTHPLACE OF MOTHER (State or country)	Balto City
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Luley

(Address) 172 W Fort ave

Filed 12/29 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 25 1906 to Dec 28 1906 that I last saw him alive on Dec 28 1906, and that death occurred, on the date stated above, at 10 P. M. The CAUSE OF DEATH was as follows:

Hemorrhage from Bowel

(DURATION) 6 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) J. H. Graham M. D.

Dec 29 1906 (Address) 1303 Light

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cedar Hill	Dec 30 1906
UNDERTAKER	ADDRESS
Jos. Stuntebeck	1318 Light

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward 11 — 96640 — Registered No. B 96640

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arnold S Hyde

{ Residence, if in Baltimore, Give Street and Number. } 223 W Monument St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 25th 1830

AGE: 76 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Arnolet Smith Hyde

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: ~~Mary~~ Adelaide Bird

BIRTHPLACE OF MOTHER (State or country): Philadelphia Pa

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Enoch Pratt Hyde

(Address) 223 W Monument St

Filed ✓ 190 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 27 1906

that I last saw him alive on Dec 27 1906,

and that death occurred, on the date stated above, at 6.07 A. M. CAUSE OF DEATH (Secondary or Immediate)

~~Cerebral Hemorrhage~~

Pulmonary Embolism

of the Lung

(DURATION) ..... DAYS

Contributory (Primary.) Acute Appendicitis gangrenous (DURATION) 14 DAYS

(Signed) J C Bloodgood M.D.

Address 904 N. Charles St Johns Hopkins Hospital

Date Dec 27 1906

Place of Burial Greenmount

Date Dec 30th 1906

Undertaker H. W. Jenkins Sons Co

Address 233 N Saratoga St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96641

Ward 21 96641 Registered No. B 61

CERTIFICATE OF DEATH.

(Place of Death.) No. 1125 S Carey St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Sadie C A Siegert

{Residence, if in Baltimore, Give Street and Number.} 1125 S Carey St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W

DATE OF BIRTH: Dec 6 1904

AGE: 2 years, — months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Wm Siegert

BIRTHPLACE OF FATHER (State or country): Washd C

MAIDEN NAME OF MOTHER: Ida Lewis

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Infant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm Siegert

(Address) 1125 S. Carey

Filed 12/24 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 2 1906 to Dec 27 1906 that I last saw her alive on Dec 26 1906, and that death occurred, on the date stated above, at 7 a M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebro Spinal Meningitis

(DURATION) 26 DAYS

Contributory (Primary.) Asthenia

(DURATION) 1 DAYS

(Signed) J. E. Music M.D.

Address 865 6 Columbia ave

Date Dec 28 1906

Place of Burial Western

Date Dec 30 1906.

Undertaker Wm Cook

Address 502 E. Hatch Av

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 10 — Registered No. B 96642

96642

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CERTIFICATE OF DEATH.

(Place of Death.) No. 410 N. Rose St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Martin Eyrick

{ Residence, if in Baltimore, Give Street and Number. } Above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Dec 27 1906	
AGE: ..... years, ... months, 6 days (6 days)	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	Michael Eyrick
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Anna Kroner
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Michael Eyrick

(Address) 410 N. Rose St

Filed 12/29 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 A. M. 1906

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to ..... 190.....

that I last saw h..... alive on ..... 190.....

and that death occurred, on the date stated above, at 6.30 A. M.

CAUSE OF DEATH (Secondary or Immediate.)

Hemorrhage from head 6 hrs, Child only 6 hrs old, (Under insurance)

(DURATION) ..... DAYS

Contributory (Primary.) .....

(DURATION) ..... DAYS

(Signed) J. D. Feldstein crowner M.D.

Address 211 N. Lanvale

Date Dec 28 1906

Place of Burial Holy Redeemer

Date Dec 29 1906

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE.

5 96643

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96643

Registered No. B.....

City of Baltimore, (No. 219 Eoers St.; ..... Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME John Roberts

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Coloured

DATE OF BIRTH: March 4th (Month) (Day) 1849 (Year)

AGE: 57 years, 9 months, 23 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Portsmouth Va

FULL NAME OF FATHER: John Roberts

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Mrs Thomas

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Grain Measurer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George Roberts Son

(Address) 919 East street.

Filed 12/24 1906

HARRY U. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 27th (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 15 1906 to Dec 26 1906

that I last saw h[illegible] alive on Dec 26 1906,

and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Hemiplegia

24 hours (DURATION) DAYS

Contributory Aortic - Sclerosis (DURATION) DAYS

(Signed) W. Nelson M. D.

Dec 27 1906 (Address) 1220 E. Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: National — DATE OF BURIAL: Dec 31 1906

UNDERTAKER: W. F. Elliott — ADDRESS: 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

90644

HEALTH DEPARTMENT, City of Baltimore.

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Ward 12 Registered No. B 90644

CERTIFICATE OF DEATH.

(Place of Death.) No. 2502 Hudson Hill St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Ezzeal Thomas

{Residence, if in Baltimore, Give Street and Number.} 2502 Hudson Hill

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH —— 1

AGE 40 years, —— months, —— days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER Benny Williams

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Jennie Williams

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter

(Address) 2502 Hudson Hill

Filed 12/29 1906

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 26 Dec. 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 26 1906

that I last saw him alive on Dec 6 1906,

and that death occurred, on the date stated above, at 3 30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Immediate Cause was:

Exhaustion following Profuse Diarrhoea & Dysentery not Treated

Acute Tuberculosis of Liver (DURATION) 14 DAYS

Contributory (Primary.) General Tuberculosis

Hypertrophy of Heart (DURATION) 30 DAYS

(Signed) H. Barclay M.D.

Address 22nd & Guilford Ave.

Date Dec 27 1906

Place of Burial Mt. Auburn

Date Dec 29 1906

Undertaker R. A. Elliott

Address 306 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96645

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96645

Registered No. B

City of Baltimore, (No. 2859 N. Fulton Ave. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mr Christina Ziegler

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Dec. (Month) 8th (Day) 1830 (Year)

AGE: 76 years, 4 months, 20 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Jno. Wissel

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mr Carrie Fuelstick

(Address) 2859 N. Fulton Ave.

Filed 12/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 28th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 23 1906 to Dec. 28 1906

that I last saw her alive on Dec. 27 1906

and that death occurred, on the date stated above, at 3:30 A.M. The CAUSE OF DEATH was as follows:

Gradual decline from Old age

(DURATION) DAYS

Contributory: Gradual weakening of heart (DURATION) 30 DAYS

(Signed) E. E. Smith M. D.

Dec 28 1906 (Address) 1608 N. North Ave.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: New Cathedral Cem | DATE OF BURIAL: 12/30 1906

UNDERTAKER: J. Herring & Son | ADDRESS: 2008 Orleans St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

~~1~~ 26646

HEALTH DEPARTMENT, CITY OF BALTIMORE.

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

26646

Registered No. B

City of Baltimore, (No. 1635, Presstbury St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Germack

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Date not known (Month) (Day) 1835 (Year)

AGE: 70 years, ____ months, ____ days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Thomas Germack

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alphonsus Germack

(Address) 1308 Penna. Av.

Filed Dec 29th 1906 [illegible] Registrar

NON-CONTAGIOUS

[illegible] C. COLLAMORE, M. D. Health Officer

HARRY O. ANDREWS,
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 28th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 30 1906 to Dec 28 1906

that I last saw him alive on Dec 25 1906, 11 A.M. and that death occurred, on the date stated above, at 11 P.M. The CAUSE OF DEATH was as follows:

Diarrhoea

(DURATION) 60 DAYS

Contributory Weakening of Heart

few days (DURATION) ____ DAYS

(Signed) Ed Gruel M. D.

Dec 29 1906 (Address) 1605 N North Av.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer.	Dec. 31. 1906
UNDERTAKER	ADDRESS
Frank Coach	1904 Ashland Av

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward V

96647

Registered No. B 96647

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CERTIFICATE OF DEATH.

(Place of Death.) No. 253 S Regester St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Bronislaw A. Brodzenski

{Residence, if in Baltimore, Give Street and Number.} 253 S. Regester St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept 16 " 1906

AGE: ..... years, 3 months, 12 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore. Md

FULL NAME OF FATHER: Jayszy Brodzenski

BIRTHPLACE OF FATHER (State or country): Russia Poland

MAIDEN NAME OF MOTHER: Eva Swakowska

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jayszy Brodzenski

(Address) 253 S. Regester St

Filed 12/29 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to Dec 28 1906

that I last saw h alive on Dec 28 1906,

and that death occurred, on the date stated above, at 4.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Acute bronchitis

(DURATION) 6 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Wachter M.D.

Address 1 S Broadway

Date Dec 29 1906

Place of Burial St Stanislaus

Date Sunday Dec 30 " 1906

Undertaker M. F. Sadowski

Address 703 S. Ann St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimore.

Ward 17 703 — Registered No. B 96648

96648

CERTIFICATE OF DEATH. 1 no

(Place of Death.) No. 703 Harlem Av St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Chas H. Burgess

{Residence, if in Baltimore, Give Street and Number.} 703 Harlem Av

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W

DATE OF BIRTH: 1

AGE: 51 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: John Burgess

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Ellen Hazlett

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Painter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Boris K Burgess

(Address) 703 Harlem Av

Filed 12/29 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 18 1906 to Dec 28 1906 that I last saw him alive on Dec 27 1906, and that death occurred, on the date stated above, at 1 A M. CAUSE OF DEATH (Secondary or Immediate)

Chas Ston

(DURATION) 3 DAYS

Contributory (Primary.) Interstitial Nephritis (DURATION) 10 DAYS

(Signed) John E Hurd M.D.

Address 647 W Lafayette Av

Date Dec 28 1906

Place of Burial Druid Ridge

Date Dec 30th 1906

Undertaker John E Hough Co

Address 1422 Pennsylvania

WM. J. C. DULANY CO., BALTIMORE

96649

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96649

City of Baltimore, (No. 1530 N Bond St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME George N McCullough

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 29 1905
(Month) (Day) (Year)

AGE ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER George N McCullough

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Catherine McKeon

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1530 N Bond St

Filed 12/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29. 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 29. 1906 to Dec. 29. 1906

that I last saw h(im) alive on " " 1906,

and that death occurred, on the date stated above, at 5.45 A. M. The CAUSE OF DEATH was as follows:

Probable Cath (6 mos.) (DURATION) 1½ hours

Contributory

(DURATION) DAYS

(Signed) Wm A Hartman M. D.

Dec. 29. 1906 (Address) 1131 E Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	12/29 1906
UNDERTAKER	ADDRESS
Evans & Spence	118 N Howard

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore.

Ward W 96650 Registered No. B 96650

CERTIFICATE OF DEATH.

(Place of Death.) No. 312 W. Pratt st St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Anton Puceta

{ Residence, if in Baltimore, Give Street and Number. } 312 W. Pratt.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec 28th 1906

AGE ..... years, ... months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Anton Puceta

BIRTHPLACE OF FATHER (State or country) Russia

MAIDEN NAME OF MOTHER Mary Karaskewiz

BIRTHPLACE OF MOTHER (State or country) Russia

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anton Puceta

(Address) 312 W. Pratt St.

Filed 12/29 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Dec 29th 1906 that I last saw h im alive on Dec 28th 1906, and that death occurred, on the date stated above, at 9.25 A. M. CAUSE OF DEATH (Secondary or Immediate)

Valvular disease of Heart.

(DURATION) 1 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Bee L. Baldwin M.D.

Address 418 S. Paca St.

Date Dec 29th 1906

Place of Burial St. Alphonsus Cem

Date Dec 29th 1906

Undertaker M. S. Fiss

Address 2113 W. Pratt St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 96651 — Registered No. B 96651

CERTIFICATE OF DEATH. 27

(Place of Death.) No. 314 S. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James E. Williams

{Residence, if in Baltimore, Give Street and Number.} 314 S. Dallas St

Duration of Residence in Baltimore. 314 S. Dallas St

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	April 18th 1884
AGE	22 years, 8 months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Charles E. Williams
BIRTHPLACE OF FATHER (State or country)	Baltimore
MAIDEN NAME OF MOTHER	Molly Childs
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	Brassworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mattie D. Jewell

(Address) 314 S. Dallas St.

Filed 12/29 1906 ✓

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH ~~Dec~~ Jan 27 1906

I HEREBY CERTIFY, That I attended deceased from June 1 1906 to Dec 27 1906

that I last saw h[illegible] alive on Dec 26 1906,

and that death occurred, on the date stated above, at 4 P. M. CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis

(DURATION) 211 DAYS

Contributory (Primary.) —

(DURATION) DAYS

(Signed) G. G. Rennie M.D.

Address Wm E. Burns Rd

Date Dec. 28 1906

Place of Burial 1st Evangelical Lem

Date Decm. 29th 1906 ✓

Undertaker H. SANDER & SONS.

Address 1708-1710 Canton Avenue
S. E. Cor. Broadway & Baltimore

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore.

Ward 4 — 96652 — Registered No. B 96652 / 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 W. Lexington St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Infant of Anna & Peter Russo

{Residence, if in Baltimore, Give Street and Number.} 611 W Lexington

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M	COLOR: W
DATE OF BIRTH: Dec 28 1906	
AGE: ..... years, ... months, 1 day	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: —	
BIRTHPLACE (State or country): Balto	
FULL NAME OF FATHER: Peter Russo	
BIRTHPLACE OF FATHER (State or country): Italy	
MAIDEN NAME OF MOTHER: Anna Liberio	
BIRTHPLACE OF MOTHER (State or country): Balto	
OCCUPATION OF DECEASED: —	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Petro Russo

(Address) 611 W. Lexington St

Filed 12/26/1906 — HARRY C. ANDREWS, PAID'G CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1906

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Dec 29 1906 that I last saw h... alive on Dec 29 1906, and that death occurred, on the date stated above, at A.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) 1 Day

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) J. Wheeler M.D.

Address 10 S Broadway

Date Dec 29 1906

Place of Burial St Vincent cem

Date Dec 29th 1906

Undertaker Geo J Smith & Co

Address 1000 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 96653

Ward 17 — 96653 — Registered No. B 151

CERTIFICATE OF DEATH.

(Place of Death.) No. 611 N Lex St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Infant of Anna & Peter Russo

{Residence, if in Baltimore, Give Street and Number.} 611 N Lex

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M — COLOR: W

DATE OF BIRTH: Dec 27 1906

AGE: ..... years, ... months, 1 hr days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto

FULL NAME OF FATHER: Peter Russo

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: Mary Lobus

BIRTHPLACE OF MOTHER (State or country): Balto

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Russo

(Address) 611 W. Lexington

Filed 12/29/1906 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Dec 29 1906

that I last saw h— alive on Dec 29 1906,

and that death occurred, on the date stated above, at 6 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Congenital debility

(DURATION) 1 hr DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) J Wanstein M.D.

Address 611 W Lexington

Date Dec 29 1906

Place of Burial St Vincents cem

Date Dec 29th 1906

Undertaker Geo J Smith Co.

Address 1005 W Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

HEALTH DEPARTMENT, City of Baltimor

Ward 6

96654

Registered No. B 96654 11

CERTIFICATE OF DEATH.

(Place of Death.) No. 1, N. Duncan Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Berdenia Thorne

{Residence, if in Baltimore, Give Street and Number.} 1, N. Duncan Alley

Duration of Residence in Baltimore. 28 years

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR W

DATE OF BIRTH 1

AGE 46 years, — months, — days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER John Budda

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Thorne

(Address) 1 N. Duncan Alley

Filed 12/30 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1906 to Dec. 28 1906 that I last saw her alive on Dec. 28 1906, and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 8 DAYS

Contributory (Primary.) Pleurodynia

(DURATION) 8 DAYS

(Signed) Pierre G. Daiesch M.D.

Address 121, Jackson Square

Date Dec. 29 1906

Place of Burial Holy Redeemer

Date Dec 31 1906

Undertaker Wendell Dipkel & Son

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore

Ward ..... 96655 Registered No. B 96655

CERTIFICATE OF DEATH.

(Place of Death.) No. 2319 E Lombard St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Jacob Jung.

{ Residence, if in Baltimore, Give Street and Number. } 2319 E. Lombard

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH .....

AGE 50 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Jacob Jung

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER .....

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jacob Jung

(Address) 1923 E Lombard

Filed 12/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 28 1906

that I last saw h[illegible] alive on Dec 27 1906,

and that death occurred, on the date stated above, at 3 P M. CAUSE OF DEATH (Secondary or Immediate)

Edema Lungs

(DURATION) DAYS

Contributory (Primary.) Organic Heart Disease Nephritis

(DURATION) DAYS

(Signed) Albertus Cellers M.D.

Address 1825 E Baltimore

Date Dec 28 1906

Place of Burial Holy Redeemer

Date December 31 1906

Undertaker Kendall Eikelberger

Address 330 S Bond St

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of

Ward 6 — Registered No. B 96656

96656

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 429 N. Dallas St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name infant Liggie & James Gaither

{Residence, if in Baltimore, Give Street and Number.} 429 N. Dallas St.

Duration of Residence in Baltimore. two days.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH Dec 27 1906

AGE ..... years, ... months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Gaither

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Lizzie Mann

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED ~~Laundress~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Marguett Brown

(Address) 429 N. Dallas St.

Filed 12/30 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 29-12-1906

I HEREBY CERTIFY, That I attended deceased from 27th-12-1906 to 29-12-1906 that I last saw h[illegible] alive on 28-12-1906, and that death occurred, on the date stated above, at 4 ?

M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) E. Eu. Boyd M.D.

Address 148 Jefferson St.

Date 29-12-06. 190

Place of Burial Asbury C

Date Dec 30th 1906

Undertaker Wm J. Gladson

Address 142 Biddleston St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

17

96657

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96657

Registered No. B 7

City of Baltimore, (No. 514, W. Preston st St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William H. Fields

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 Year)

AGE: 3 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Child

BIRTHPLACE (State or country): Brunswick Co Va

FULL NAME OF FATHER: Benjeman Fields

BIRTHPLACE OF FATHER (State or country): Brunswick Co Va

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Brunswick Co Va

OCCUPATION OF DECEASED: Child

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) 514 Preston St nest

Filed 12/30 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Dec 29 1906 that I last saw h alive on Dec 29 1906, and that death occurred, on the date stated above, at 12 M. The CAUSE OF DEATH was as follows:

Whooping Cough (DURATION) 36 DAYS

Contributory Rheumonia Catarrhal Pneumonia (DURATION) 5 DAYS

(Signed) W. Grant Scott M. D.

Dec 30 1906 (Address) 354 N. Bedford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Dec 30 1906

UNDERTAKER: Geo H. Holland

ADDRESS: 1128 Argyle Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, City of Baltimore. 96658

Ward 10 96658 Registered No. B

CERTIFICATE OF DEATH. 96658

(Place of Death.) No. 1031 Hillman St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name James Flaherty 19

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 20 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: ... 1 ...

Dec 2nd 46 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: Michael Flaherty

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Winnie Noonan

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Flaherty

(Address) 1031 Hillman St.

Filed 12/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to ... 190...

that I last saw h... alive on ... 190...,

and that death occurred, on the date stated above, at 11.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Stark Disease,

(Bed ridden 15 yrs.) Contracted about this time.

... (DURATION) ... DAYS

Contributory (Primary.) ...

... (DURATION) ... DAYS

(Signed) J D Gilbert M.D.

Address 211 W. Lanvale corner

Date Dec 29th 1906

Place of Burial Holy Cross Cemetery

Date Dec 31st 1906

Undertaker Henry Hoeck & Son

Address 1301 E. Eager St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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96659

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

56

CERTIFICATE OF DEATH.

Registered No. B 96659

City of Baltimore, (No. 807, Frederick Ave St.; 20 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Sapp

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	April 4 1869 (Month) (Day) (Year)
AGE	37 years, 8 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Balto
FULL NAME OF FATHER	John A Sapp
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Julia Bohm
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Fireman

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Sapp

(Address) 807 Fred. Ave.

Filed 12/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to Dec 28 1906

that I last saw him alive on Dec 28 1906,

and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH was as follows:

Croupous Pneumonia

(DURATION) 6 DAYS

Contributory Alcoholism (DURATION) — DAYS

(Signed) Howard W. Jones M. D.

Dec 30 1906 (Address) Lansing Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
London Park	Dec. 31 190
UNDERTAKER	ADDRESS
C. M. Dill.	870 Fred'k

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, color, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, City of Baltimore.

Ward 3 — 96660 — Registered No. B 96660

CERTIFICATE OF DEATH.

Place of Death.) No. Johns Hopkins Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sabatino Medore

{Residence, if in Baltimore, Give Street and Number.} 239 Albemarle St

Duration of Residence in Baltimore. ?

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 22 years, months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Italy

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Lawyer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Datona

(Address) 575 S. Caroline st

Filed 12/30 1906 HARRY C. ANDREWS. Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1906

I HEREBY CERTIFY, That I attended deceased from December 29 1906 to December 28 1906

that I last saw h[illegible] alive on December 28 1906,

and that death occurred, on the date stated above, at 6.20

I. CAUSE OF DEATH (Secondary or immediate)

Acute Lobar Pneumonia

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W G MacCallum M.D.

Address Johns Hopkins Hospital

Date December 29 1906

Place of Burial Holy Cross Cemetery

Date DEC 31 1906 190

Undertaker [illegible]

Address [illegible] BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

HEALTH DEPARTMENT, City of Baltimore.

Ward 23 — 96661 — Registered No. B 96661

CERTIFICATE OF DEATH.

(Place of Death.) No. 25 E Heath St — St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alphonsus Haughey

{Residence, if in Baltimore, Give Street and Number.} 25 E Heath St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: April 8th 1904

AGE: 2 years, 8 months, ... days

SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ OR DIVORCED

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Michael J. Haughey

BIRTHPLACE OF FATHER (State or country): Grland

MAIDEN NAME OF MOTHER: Kate McDermott

BIRTHPLACE OF MOTHER (State or country): Grland

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Haughey mother

(Address) 25 E. Heath st

Filed 12/30 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH dec 29th

I HEREBY CERTIFY, That I attended deceased from Sept 20th 1906 to dec 29th 1906 that I last saw him alive on dec 28th 1906 and that death occurred, on the date stated above, at 6.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

3 months (DURATION) ..... DAYS

Contributory (Primary.) ..... (DURATION) ..... DAYS

(Signed) T. J. O'Donnell M.D.

Address 1340 S. Charles St

Date dec 29th 1906

Place of Burial Holy Cross R.C. Cem

Date Dec 31st 1906

Undertaker Jos. Stuntebeck

Address 1318 Light

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, City of Baltimore. 96662

Ward ..... 96662 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm. Jordan.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1823

AGE: 73 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Jonas B. Jordon

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Rachel Kilpatrick

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Goldbeater

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Supt.

(Address)

Filed 12/30 1906

HARRY C. ANDREWS, PERRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29th

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1906 to Dec 29 1906

that I last saw him alive on Dec. 29 1906

and that death occurred, on the date stated above, at 2 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Asteno sclerosis

Chronic interstitial nephritis, Acute Bronchial Inflammation (DURATION) ..... DAYS

Contributory (Primary.) Edema of Lungs. (DURATION) ..... DAYS

(Signed) David A. Thompson Coroner.

Address 1500 Highland Ave

Date December 30th 1906

Place of Burial Loraine Cemetery

Date December 31 1906

Undertaker Louis F. Schaefer

Address 216 Fremont Ave

C. DULANY CO., BALTO.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

MISSING CERTIFICATES

B 96663

TO

B 96665

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

WHA V

B 96666 Registered No. B 96666

CERTIFICATE OF DEATH.

(Place of Death.) No. 1236 Eutaw St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Nicholas Forester

{Residence, if in Baltimore, Give Street and Number.} 1236 Eutaw St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: March 30 1872

AGE: 34 years, 8 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Leonard Forester

BIRTHPLACE OF FATHER (State or country): Baltimore Md

MAIDEN NAME OF MOTHER: Harriet Gable

BIRTHPLACE OF MOTHER (State or country): Baltimore Md

OCCUPATION OF DECEASED: Saloon clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Harriet Forester

(Address) 1236 Eutaw

Filed 12/30/1906

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 19 19

I HEREBY CERTIFY, That I attended deceased from Dec 16 1906 to Dec 21

that I last saw him alive on

and that death occurred

CONTRIBUTORY CAUSE OF

Contributory (Primary

(Signed) Edward

Address 517 S

Date Dec

Place of Burial Green

Date Jan 1 1

Undertaker O Scholz

Address 1024 Eutaw

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

Ward IX B 96667 Registered No. B 64

CERTIFICATE OF DEATH.

(Place of Death.) No. 649 N. Lafayette St. (If Death occurred in Hospital or Institution give its Name instead of Street and Number.)

Full Name Catharine A. Albert (Albert)

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. 4 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR White

DATE OF BIRTH Aug 19th 1852

AGE 55 years, 4 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Balto. Md

FULL NAME OF FATHER William Albert

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Summers

BIRTHPLACE OF MOTHER (State or country) Eastern Shore, Md

OCCUPATION OF DECEASED Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Bomberger

(Address) 122 N. Schroder

Filed 12/31 1906 S.R.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at

M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy (Found dead in his room)

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Egbert M.D.

Address 211 W. Fayette

Date Dec 29 1906

Place of Burial Baltimore Haven

Date Dec 31st 1906

Undertaker Geo J Smith Co

Address 1500 W. Fayette Ave

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

WM. J. C. DULANY CO., BALTIMORE.

96668

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

95

96668

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2022, West North Ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry Allnutt

PERSONAL AND STATISTICAL PARTICULARS	
SEX: male	COLOR: White
DATE OF BIRTH: June (Month) 13 (Day) 1843 (Year)	
AGE: 63 years, 6 months, ——— days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Calvert Co Md
FULL NAME OF FATHER	James G Allnutt
BIRTHPLACE OF FATHER (State or country)	Calvert Co Md
MAIDEN NAME OF MOTHER	Ann R Lowe
BIRTHPLACE OF MOTHER (State or country)	Calvert Co. Md
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Blake

(Address) 2022 W. North Ave

Filed 12/30/1906 ..... HENRY O. ANDREWS, DEPUTY CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH: Dec. (Month) 29th (Day) 1906 (Year)	
I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1906 to Dec 29 1906	
that I last saw him alive on Dec. 29 1906	
and that death occurred, on the date stated above, at 3 30 P. M.	
The CAUSE OF DEATH was as follows: Congestion of Lungs	
(DURATION) 14 DAYS	
Contributory Heart failure	
(DURATION) ..... DAYS	
(Signed) J. D. Morris M. D.	
Dec. 30th 1906 (Address) 1321 W. Fayette St.	

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount	Dec 31 1906
UNDERTAKER	ADDRESS
Geo J Smith & Co	1000 W. Fayette

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

deceased, and the ***cause and date of death.***

96669

64

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96669

City of Baltimore, (No. 2022, N. Charles St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth A Iglehart

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: July (Month) 4 (Day) 1832 (Year)

AGE: 74 years, 5 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Howard Co. Md.

FULL NAME OF FATHER: Nelson Phelps

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Nancy Law

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Sarah C. Iglehart

(Address) 2022 N Charles St

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1906 to Dec. 28 1906

that I last saw her alive on Dec. 28 1906,

and that death occurred, on the date stated above, at 12-45 P. M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 6 DAYS

Contributory Paralysis of Lungs

(DURATION) 18 hours DAYS

(Signed) M. E. Douglas M. D.

12/29 1906 (Address) 129 E North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Druid Ridge

DATE OF BURIAL: Dec 31 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E North Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 15 — 96670 — Registered No. B 95670

CERTIFICATE OF DEATH.

(Place of Death.) No. 1317 Woodyear St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry Maier.

{Residence, if in Baltimore, Give Street and Number.} 1317. Woodyear St.

Duration of Residence in Baltimore. Life-time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: —

AGE: 34 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Jacob Maier

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Margaret Amsler

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: Piano Mover.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A Maier

(Address) 1317 Woodyear St

Filed 12/31 1906 HARRY C. ANDREWS Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Dec 30 1906

that I last saw him alive on Dec 29 1906,

and that death occurred, on the date stated above, at ... a. m. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) H. Hoyt M.D.

Address 1922 Linn Ave

Date Dec - 30 1906

Place of Burial Woodson Cemetery

Date Jany 1st 1907

Undertaker William Cook

Address 602 E Monument

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the C ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96671

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B96671

City of Baltimore, (No. 665 Columbia Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME David Kuner Zollickoffer

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Oct (Month) 1 (Day) 1829 (Year)

AGE: 77 years, 2 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Rev Wm Zollickoffer

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Albert Meisel

(Address) Renovo Pa

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 28 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 28 1906

that I last saw h im alive on Dec 28 1906,

and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH was as follows:

Uraemia

(DURATION) 2 DAYS

Contributory Asthenia

(DURATION) 1 DAYS

(Signed) C B Trumann M. D.

Dec 29 1906 (Address) 623 Columbia

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Baltimore Am

DATE OF BURIAL: Dec 31 1906

UNDERTAKER: Jos B Cook

ADDRESS: 1003 W Balto St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward V

96672

Registered No. B 96672

90

CERTIFICATE OF DEATH.

(Place of Death.) No. 747 Sarah Ann St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name James Wilson

{Residence, if in Baltimore, Give Street and Number.} 747 Sarah Ann St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: Colored.

DATE OF BIRTH: July 7th 1906.

AGE: — years, 5 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Wilson

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Carrie Planter

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Wilson

(Address) 747 Sarah Ann St

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28th 1906.

I HEREBY CERTIFY, That I attended deceased from Dec 19th 1906. to Dec 28th 1906.

that I last saw him alive on Dec 27th 1906.

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Cerebral Convulsions (DURATION) 2 Hours

Contributory (Primary.)

Capillary Bronchitis (DURATION) 10 DAYS

(Signed) Edward E. Mackenzie M.D.

Address 1334 W. North Ave

Date Died Dec 29th 1906.

Place of Burial Mt Auburn.

Date Dec 31 1906

Undertaker Alfred J. Freeman

Address 101 N. Schroeder St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21

96673

Registered No. B 96673

CERTIFICATE OF DEATH.

21

(Place of Death.) No. 1472 Allen St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name John A. Swan

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 25 1833

AGE: 73 years, 0 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md.

FULL NAME OF FATHER: Richard T. Swan

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Eliza Hinks

BIRTHPLACE OF MOTHER (State or country): New Orleans

OCCUPATION OF DECEASED: Brick layer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary A. Swan

(Address) 1472 Allen St

Filed 12/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 06 to Dec 29 06

that I last saw h alive on 190 ,

and that death occurred, on the date stated above, at 10.30 A.M. CAUSE OF DEATH (Secondary or Immediate

Tuberculosis,

(DURATION) 2 yrs DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lehtrer coroner M.D.

Address 711 W. Lanvale

Date Dec 29th 1906

Place of Burial Loudon Park

Date January 1 1907

Undertaker A. E. Ferguson & Son

Address 1128 E Chase St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96674 Registered No. B 96674

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 915 Harris Alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leon Bilias

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life -

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: January 16 " 19

AGE: 1 years, 10 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Michael Bilias.

BIRTHPLACE OF FATHER (State or country): Austria

MAIDEN NAME OF MOTHER: Rosa Dobotowska.

BIRTHPLACE OF MOTHER (State or country): Germany.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant Michael Bilias

(Address) #915 Harry alley

Filed 12/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 24th 1906 to Dec 30th 1906

that I last saw him alive on Dec 29th 1906,

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia Lobar (DURATION) 7 DAYS

Contributory (Primary.) (DURATION) DAYS

(Signed) C. V. Kelley M.D.

Address 2 Hutchinson

Date Dec 30 1906

Place of Burial St Stanislaus.

Date Monday Dec 31 " 1906

Undertaker M. F. Sadowski

Address 703 E. Baltimore St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the deceased, and the ***cause and date of death.***

Ward 17 — 96675 — Registered No. B 96675

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 741 Pine St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Smith

{Residence, if in Baltimore, Give Street and Number.} 741 Pine st

Duration of Residence in Baltimore. 15 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va

FULL NAME OF FATHER: Geo Smith

BIRTHPLACE OF FATHER (State or country): Va

MAIDEN NAME OF MOTHER: Dont Know

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Catherine Smith

(Address) 741 Pine St

Filed 12/31 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Dec 28 1906

that I last saw him alive on Dec 28 1906

and that death occurred, on the date stated above, at 1.30 P.M.

CAUSE OF DEATH (Secondary or Immediate.)

Pneumonia

(DURATION) 9 DAYS

Con'tributory (Primary.)

(DURATION) DAYS

(Signed) L. L. Lloyd M.D.

Address 639 W Franklin

Date Dec 28 1906

Place of Burial Northumberland Co Va Blackwell Wharf

Date January 1 1907

Undertaker Jno. H. Toadvine

Address 142 W Hill St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward 9 — 96676 — Registered No. B 96676

CERTIFICATE OF DEATH.

91

(Place of Death.) No. 114½ Harford ave. extended St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Ellen R. Dorittee

{Residence, if in Baltimore, Give Street and Number.} 114½ Harford ave. extd.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Balto. Co Md.

FULL NAME OF FATHER: William Bond

BIRTHPLACE OF FATHER (State or country): Not known

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Maggie Johns

(Address) 114½ Harford ave extd.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30, 1906

I HEREBY CERTIFY, That I attended deceased from 1905 to Dec 30 1906

that I last saw her alive on Dec 26, 1906,

and that death occurred, on the date stated above, at 8.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchial Catarrh

Several weeks (DURATION) DAYS

Contributory (Primary.) Advanced years

& Senility (DURATION) DAYS

(Signed) C. R. Connelly M.D.

Address 1741 Hanover ave

Date December 30, 1906

Place of Burial Baltimore Cemetery

Date Jan. 1 1907

Undertaker Henry Hooke & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 8 Registered No. B 96677

96677

CERTIFICATE OF DEATH.

(Place of Death.) No. 1601 N. Bond St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Emma L. Baker

{Residence, if in Baltimore, Give Street and Number.} 1601 N Bond St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH ....1....

AGE 32 years, ...months, ...days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER J. H. E. Buchman

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Emelia Hoffman

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Geo. A. Baker

(Address) 1601 N. Bond St.

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH DEC 30th 1906

I HEREBY CERTIFY, That I attended deceased from about 13 mos 9 ds to Dec 29th 1906 that I last saw h[illegible] alive on Dec 29 1906, and that death occurred, on the date stated above, at 1.40 a. m. CAUSE OF DEATH (Secondary or Immediate)

Pulmon. Tuberculosis.

.....(DURATION).....DAYS

Contributory (Primary.)

.....(DURATION).....DAYS

(Signed) .....M.D.

Address W. P. Riley M.D. 1634 Bremen

Date Dec 30/06 1906

Place of Burial Loraine Cemetery

Date Jan. 2nd 1907

Undertaker Henry Woelk Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96678 Registered No. B 96678

CERTIFICATE OF DEATH.

27

(Place of Death.) No. 808 Harford Ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Margaret Hagan

{ Residence, if in Baltimore, Give Street and Number. } 808 Harford Ave.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: 1

AGE: 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: James McComb

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Nancy Clinch

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Peter Hagan

(Address) 808 Harford Ave.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1906

I HEREBY CERTIFY, That I attended deceased from Dec 20 1906 to Dec 28 1906

that I last saw h alive on Dec 28 1906

and that death occurred, on the date stated above, at 12 30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

about 6 mo.
(DURATION) DAYS

Contributory (Primary) Asthenia
(DURATION) DAYS

(Signed) Wm. F. Todd M.D.

Address 1202 Madison Ave

Date Dec 29 1906

Place of Burial New Cathedral Cemetery

Date Jan. 2 1907

Undertaker Henry Hooke & Son

Address 1301 E Eager St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96679

City of Baltimore, (No. 321 N Carrollton Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Martha F. Cook

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Sept (Month) 23 (Day) 1857 (Year)

AGE: 48 years, 3 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Wm. Cook

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Margaret S. Baldnor

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: Sales Lady.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Margaret Cook

(Address) 321 N Carrollton Av

Filed 12/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1905 to Dec 29 1906

that I last saw her alive on Dec 28 1906,

and that death occurred, on the date stated above, at 2. 9 M. The CAUSE OF DEATH was as follows:

Cancer of breast

(DURATION) 2 yrs

Contributory (DURATION) DAYS

(Signed) J. G. Smithcan M. D.

Dec 29 1906 (Address) 1327 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Interment Olivet Cemetery

DATE OF BURIAL 31 Dec 1906

UNDERTAKER: Geo. T. Burns & Co.

ADDRESS 594 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 27 96680 Registered No. B 96630

27

CERTIFICATE OF DEATH.

(Place of Death.) No. 1239 Sargeant St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary M Dinn

{Residence, if in Baltimore, Give Street and Number.} 1239 Sargeant St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: July 14 1892

AGE: 14 years, 5 months, 15 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Dinn

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Delia Nester

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: School girl

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Dinn

(Address) 1239 Sargeant St.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29 1906

I HEREBY CERTIFY, That I attended deceased from Sept 5 1906 to Dec 27 1906 that I last saw h[illegible] alive on Dec 27 1906, and that death occurred, on the date stated above, at 1.30 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

3 months 24 days (DURATION) DAYS

Contributory (Primary.) Asthenia

(DURATION) 2 DAYS

(Signed) Jos. E. Dinn M.D.

Address 855 Columbia Ave

Date Dec 30 1906

Place of Burial New Cathedral

Date Jan 2nd 1907

Undertaker John J Cowan

Address 901 Collins Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 21 — 96681 — Registered No. B 96681

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1210 Bargent St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Joseph Smith

{Residence, if in Baltimore, Give Street and Number.} 1210 Bargent

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Dec 31st 1906

AGE: ..... years, ... months, 1/2 hour days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Joseph Smith

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Rebecca Smith

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Smith

(Address) 1210 Bargent St

Filed 12/31 1906 — HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Dec 31 1906 that I last saw him alive on Dec 31 1906, and that death occurred, on the date stated above, at 310 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature Birth
5½ mo Gest.

1/2 hour (DURATION) DAYS

Contributory (Primary) Asphyxia

1/2 hr (DURATION) DAYS

(Signed) J. E. Payne M.D.

Address 845 Columbia Ave

Date Dec 31 1906

Place of Burial New Cathedral Cem —

Date Dec. 31st 1906

Undertaker John T. Payne

Address 901 Hollins St

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96682 Registered No. B 96682

CERTIFICATE OF DEATH.

(Place of Death.) No. 812 Bruce St North St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Gabriel H Barnett

{Residence, if in Baltimore, Give Street and Number.} 812 Bruce St North

Duration of Residence in Baltimore. 45 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ~~Dec 30th~~ 1

AGE 55 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ~~Married~~ Widower

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Barnett

BIRTHPLACE OF FATHER (State or country) Maryland

MAIDEN NAME OF MOTHER Lockbrun

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Rachel Henderson

(Address) 812 Bruce St

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30th 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 .... to Dec 30 1906

that I last saw h.. alive on Dec 29 1906

and that death occurred, on the date stated above, at 8:30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Congestion Lungs

(Bronchopneumonia)

1 Month & 10 days (DURATION) DAYS

Contributory (Primary.) Heart Failure

(DURATION) 7 DAYS

(Signed) Dr W H Claspell M.D.

Address 1357 N. Edwards St

Date Dec. 30 1906

Place of Burial Laurel Cemetery

Date Jany 3rd 07 190

Undertaker Clarence E Wright

Address 1364 Mosher Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — 96683 — Registered No. B 96683

CERTIFICATE OF DEATH.

90

(Place of Death.) No. 110 Penn St. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Willett M. Pierce

{Residence, if in Baltimore, Give Street and Number.} 110 Penn St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Sept. 27th 1906

AGE: ..... years, 3 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Wm. L Pierce

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary L. Turner

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 17th 1906 to Dec. 27th 1906

that I last saw him alive on Dec. 26th 1906,

and that death occurred, on the date stated above, at 4.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Bronchitis

(DURATION) 11 DAYS

Contributory (Primary.) Cold.

(DURATION) DAYS

(Signed) H. W. Webner M.D.

Address 723 W Lombard St

Date Dec, 28th 1906

Place of Burial JOHNS HOPKINS HOSPITAL.

Date Dec 29 1906

Commissioner Health,

Undertaker W

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

24 8

Ward ..... 96684 Registered No. B 96684

93

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name George Klein

{ Residence, if in Baltimore, Give Street and Number. } 605 Cedar alley (or ave.)

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M.
COLOR	B.
DATE OF BIRTH	.....
AGE	45 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1906 to Dec. 28 1906 that I last saw him alive on Dec. 28 1906, and that death occurred, on the date stated above, at 12 noon. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis —

..... (DURATION) One DAYS

Contributory (Primary.) Pneumonia

Pleurosy (DURATION) 1 DAYS

(Signed) Wm. Dorsey M.D.

Address City Hospital

Date December 29 1906.

Place of Burial JOHNS HOPKINS HOSPITAL.

Date Dec 30 1906

Undertaker Commissioner Health.

Address Health Department

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE.

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

298

deceased, and the cause and date of death.

24

HEALTH DEPARTMENT, City of Baltimore.

Ward 96685 *Registered No. B* 96685

CERTIFICATE OF DEATH.

(Place of Death.) *No.* Bay View Hospital *St.* (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Nellie Collins

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Colored.

DATE OF BIRTH: 1

AGE: 15 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laundress.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 27 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1906 to Dec. 27 1906 that I last saw h— alive on Dec. 27 1906 and that death occurred, on the date stated above, at 1.50 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis.

(DURATION) 4 ~~DAYS~~ months

Con'ributory (Primary.) Exhaustion

(DURATION) 7 DAYS

(Signed) Horace V. Nicholson M.D.

Address Bay View Hospital

Date Dec. 28 1906

Place of Burial

Date Dec 29 1906

Undertaker Wm. H. Woodcock

Address 1811 Aisquith St

WM. J. C. DULANY CO., BALTIMORE.

JOHNS HOPKINS HOSPITAL FOR ANATOMICAL PURPOSES

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 96686 Registered No. B 96686

152

CERTIFICATE OF DEATH.

(Place of Death.) No. Lying-in Hospital U of Md St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Infant Mary Stall

{Residence, if in Baltimore, Give Street and Number.} 622 W. Lombard St

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Dec. 28 1906

AGE ..... years, ... months, 1 day

SINGLE, MARRIED, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 1906

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Dec 29 1906 that I last saw h[illegible] alive on Dec 29 1906, and that death occurred, on the date stated above, at 7 A.M. CAUSE OF DEATH (Secondary or Immediate)

Asphyxia -

..... (DURATION) ..... DAYS

Contributory (Primary.) Unknown

..... (DURATION) ..... DAYS

(Signed) R. O. Dees M.D.

Address 622 W. Lombard St.

Date Dec. 29 1906

Place of Burial [illegible]

Date Dec 29 1906

Undertaker Commissioner Health

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES

299

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14 — 96687 — Registered No. B 96687

104

CERTIFICATE OF DEATH.

(Place of Death.) No. 1706 D. Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Edw. Scott

{Residence, if in Baltimore, Give Street and Number.} 1706 D. Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Afro-Am

DATE OF BIRTH: May 29, 1905

AGE: 1 years, 7 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Chas. Edw. Scott

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Evelina Beverley

BIRTHPLACE OF MOTHER (State or country): N. Carolina

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Pleasant Beverley

(Address) 1706 D. Hill Ave

Filed 12/31 1906 — HARRY C. ANDREWS, PERMIT CLERK. — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/29/06

I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1906 to Dec. 29, 1906, that I last saw him alive on Dec. 27, 1906, and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Convulsions (DURATION) 1 DAYS

Contributory (Primary.) Digestive Disturbance (DURATION) 10 DAYS

(Signed) W. Edw. Magruder, M.D.

Address 922 Madison Ave

Date Dec. 29, 1906.

Place of Burial Mt. Auburn Cemetery

Date Dec 31 1906

Undertaker Felix B. Pyle

Address 162 E. Mulberry st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward..... 96688 Registered No. B 96688

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Peter Anderson

{Residence, if in Baltimore, Give Street and Number.} 511 Walnut St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS	
SEX	M
COLOR	B.
DATE OF BIRTH	1
AGE	47 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	M.
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	—
BIRTHPLACE OF FATHER (State or country)	—
MAIDEN NAME OF MOTHER	—
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant Mrs Mary Anderson

(Address) 511 Walnut Alley

Filed ..... 190.....

HARRY O. ANDREWS, Registrar
PERMIT CLERK.

✓

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 22 1906 to Dec. 29 1906 that I last saw him alive on Dec 29 1906, and that death occurred, on the date stated above, at 2.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Myocarditis

(DURATION) 3 DAYS

Contributory (Primary.) Pneumonia

(DURATION) DAYS

(Signed) W. A. Dorsey M.D.

Address City Hospital

Date December 29 1906

Place of Burial Mt. Auburn

Date January 1 1907

Undertaker R. F. Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96689 . Registered No. B 96689

CERTIFICATE OF DEATH.

(Place of Death.) No. Md Homeopathic Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Samuel Jackson

{ Residence, if in Baltimore, Give Street and Number. } 1229 Division St

Duration of Residence in Baltimore. 43 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 45 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): Balto Co

FULL NAME OF FATHER: Richard Jackson

BIRTHPLACE OF FATHER (State or country): Balto Co

MAIDEN NAME OF MOTHER: Isabella van Buston

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Purnell

(Address) 1229 Divison st

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Dec 28 1906

that I last saw h..... alive on Dec 28 1906

and that death occurred, on the date stated above, at 8 P. M.

CAUSE OF DEATH (Secondary or Immediate.)

Heart failure

(DURATION) 1 DAYS

Con'tributory (Primary.) Pneumonia

(DURATION) ..... DAYS

(Signed) M W S Linch M.D.

Address Md Homeo Hospital

Date 12-29-06 1906

Place of Burial Purnell

Date Dec 31 — 1906

Undertaker Jos. Robert & Son

Address 506 Broadway

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 10 — 96650 — Registered No. B 96650

CERTIFICATE OF DEATH.

93

(Place of Death.) No. 538 N Arlington Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katharine L. Bishop

{Residence, if in Baltimore, Give Street and Number.} 538 N Arlington Ave.

Duration of Residence in Baltimore. 11 months

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: Jany 9 1906

AGE: 0 years, 11 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: David Bishop

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Agnes Kelly

BIRTHPLACE OF MOTHER (State or country): Baltimore

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Bishop

(Address) 538 N Arlington Ave

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 30th 1906 to Dec 31-st 1906 that I last saw h ed alive on Dec 31 st 1906, and that death occurred, on the date stated above, at 4 45 a. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. Howard Iglehart M.D.

Address 539 N. Carrollton Ave

Date Dec 31st 1906

Place of Burial Bonnie Brae

Date Wed Jan 2 1906

Undertaker Wm J. Tuckerton

Address Camden & Paca

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE. 96691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96691

City of Baltimore, (No. 10, Montebello Ave. 9 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Esther Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: August 1st 1826 (Month) (Day) (Year)

AGE: 80 years, 4 months, 29 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Brooklyn, New York

FULL NAME OF FATHER: Thomas Oakes

BIRTHPLACE OF FATHER (State or country): Scotland

MAIDEN NAME OF MOTHER: Susan Finch

BIRTHPLACE OF MOTHER (State or country): Connecticut

OCCUPATION OF DECEASED: Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Charles E. Turner, Son

(Address) 12 Pleasant St.

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from December 1905 to 30 December 1906 that I last saw her alive on 29 Dec. 1906, and that death occurred, on the date stated above, at 7.30 A. M. The CAUSE OF DEATH was as follows:

Old age and Exhaustion gradually breaking down for the last 6 mos. Last Thursday the 27th Inst fell (DURATION) — DAYS

Contributory and sustained a fracture of the left hip. (DURATION) 3 DAYS

(Signed) W. C. Sandbrook M. D.

Dec. 30 1906 (Address) 1242 N. Broadway.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Carmel — DATE OF BURIAL: Jan 1 1907

UNDERTAKER: Wm J. Tiekner & Son — ADDRESS: 425 W Camden

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 12 — 96602 — Registered No. B 96602

157

CERTIFICATE OF DEATH.

(Place of Death.) No. John W. Hamilton St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

~~Full Name~~ 431 Lorraine Ave

{Residence, if in Baltimore, Give Street and Number.} 431 Lorraine Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH Unknown

AGE 42 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) City

FULL NAME OF FATHER Jos Hamilton

BIRTHPLACE OF FATHER (State or country) City

MAIDEN NAME OF MOTHER Julia Taylor

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. F. Hamilton

(Address) 431 Lorraine Ave

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....

and that death occurred, on the date stated above, at 3.30 a. m. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxiation due to Strangulation by rope: Ally suspended from post (DURATION) ..... DAYS

Contributory (Primary) Suicide

(DURATION) ..... DAYS

(Signed) Geo. Guilfoyle M.D.

Address 1818 N. Charles St

Date ..... 190 .....

Place of Burial Druid Ridge

Date Dec 31 1906

Undertaker Wm J. Tuckner & Sons

Address Camden & Paca

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 96693 — Registered No. B 96693

CERTIFICATE OF DEATH.

72

(Place of Death.) No. Franklin Square Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William A. Cooper –

{ Residence, if in Baltimore, Give Street and Number. } 1623 N. Milton Ave.

Duration of Residence in Baltimore. Since Nov. 25th 1905

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male — COLOR: White

DATE OF BIRTH: 1

AGE: 8 years, 7 months, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~: Single

BIRTHPLACE (State or country): Baltimore County

FULL NAME OF FATHER: William G. Cooper.

BIRTHPLACE OF FATHER (State or country): Baltimore County

MAIDEN NAME OF MOTHER: Virginia Mary Burk

BIRTHPLACE OF MOTHER (State or country): Baltimore County

OCCUPATION OF DECEASED: School Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm. G. Cooper

(Address) 1623 N. Milton Ave

Filed 12/31 1906 — HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 30th 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1906 to Dec. 30th 1906 – that I last saw h.. alive on Dec. 30th 1906, and that death occurred, on the date stated above, at 10:00 A.M. CAUSE OF DEATH (Secondary or Immediate)

Tetanus Convulsions

(Punctured Foot from nail in Rope, a.c.d.)

accident

(DURATION) 24 hours ~~DAYS~~

Contributory (Primary.) Tetanus –

(DURATION) 7 days ~~24 hours~~ ~~DAYS~~

(Signed) H. V. Bruchanan M.D.

Address Franklin Square Hosp.

Date December 30th 1906 –

Place of Burial Loudon Park Balto

Date Jan – 1 1907

Undertaker Crowley Bros

Address 25 N. Fulton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 — 96694 — Registered No. B 96694 — 91

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 Wilcomo alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name

{ Residence, if in Baltimore, Give Street and Number. } Lewis Tenth

Duration of Residence in Baltimore. life

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Mail	COLOR: Colord
DATE OF BIRTH: 1	
AGE: 39 years, months, days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married	
BIRTHPLACE (State or country): —	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country): —	
MAIDEN NAME OF MOTHER: —	
BIRTHPLACE OF MOTHER (State or country): —	
OCCUPATION OF DECEASED: Labor	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Martha Teats

(Address) 221 Welcomalley

Filed 12/31 1906 HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 28th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1 1906 to Dec 28 1906

that I last saw h— alive on Dec 28 1906

and that death occurred, on the date stated above, at 7 pm

M. CAUSE OF DEATH (Secondary or Immediate.)

Bronchitis

about 28 (DURATION) DAYS

Con'ributory (Primary.) Stomach

about 28 (DURATION) DAYS

(Signed) [illegible] M.D.

Address #715 Shaft

Date Dec 3d 1906

Place of Burial Int Auburn Cemtery

Date Dec 31 1906

Undertaker George H Hooper

Address 609 Little Pacant

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 — 96695 — Registered No. B 96695

CERTIFICATE OF DEATH.

(Place of Death.) No. #115 N. Duncan St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jerome J Musil

{Residence, if in Baltimore, Give Street and Number.} #115 N. Duncan St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 2nd 1906 1
AGE	1 years, month, 28 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	John Musil
BIRTHPLACE OF FATHER (State or country)	Balto.
MAIDEN NAME OF MOTHER	Carrie Bernat
BIRTHPLACE OF MOTHER (State or country)	Bohemia
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Musil

(Address) 113 N. Duncan St.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12-30-06 190

I HEREBY CERTIFY, That I attended deceased from December 28 1906 to December 29 1906

that I last saw him alive on Dec 29 1906

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia Convulsions

(DURATION) 4 DAYS

Contributory (Primary) Cardiac Asthenia (DURATION) DAYS

(Signed) William J. Rysavy M.D.

Address 2009 Orleans St

Date 12-31-06 190

Place of Burial Bohemian National Cem.

Date 12/31/06 190

Undertaker J. Herwig & Son

Address 2008 Orleans St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 17 — Registered No. B 96696

96696

CERTIFICATE OF DEATH.

(Place of Death.) No. 617 W. Saratoga St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Elizabeth Johnson

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 57 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Geo. West

BIRTHPLACE OF FATHER (State or country) V. a.

MAIDEN NAME OF MOTHER Elizabeth West

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Emma Johnson

(Address) 617 W Saratoga St

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 a 1906

I HEREBY CERTIFY, That I attended deceased from At home 190

that I last saw h 4 alive on 190,

and that death occurred, on the date stated above, at 6 a.m. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Lightner M.D.

Address 211 W. Lanvale St

Date Dec 29 th 1906

Place of Burial Mt Auburn

Date January 1th 1907

Undertaker Alex H Emsley

Address 578 W Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 11 96697 Registered No. B 96697

93

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 Tyson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christiana Harris

{Residence, if in Baltimore, Give Street and Number.} 810 Tyson St

Duration of Residence in Baltimore. 30 yrs.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: Afric-Am

DATE OF BIRTH: 1862 1

AGE: 44 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Kent Co, Md.

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George W. Harris

(Address) 810 Tyson St

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/30 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1906 to Dec. 30, 1906, that I last saw her alive on Dec. 30, 1906, and that death occurred, on the date stated above, at 8 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Respiratory Failure

(DURATION) 6 hrs. DAYS

Contributory (Primary.) Pneumonia

(Lobar)

(DURATION) 6 DAYS

(Signed) W. Geo. Magruder M.D.

Address 922 Mad. Ave

Date 12/31 1906

Place of Burial Mt Auburn

Date January 2 - 1907

Undertaker Alex Hermaley

Address 578 W Balto

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 4 — 96698 — Registered No. B 96698

CERTIFICATE OF DEATH.

(Place of Death.) No. 12 S. Green (Franco) St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Philip F. Franco

{Residence, if in Baltimore, Give Street and Number.} above

Duration of Residence in Baltimore. Some Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: W[illegible]te

DATE OF BIRTH: 12 — 10 — 1879

AGE: 27 years, — months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Washington D.C.

FULL NAME OF FATHER: Philip Franco

BIRTHPLACE OF FATHER (State or country): Italy

MAIDEN NAME OF MOTHER: do not know

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Hackdriver

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lillian Franco

(Address) 12 S. Greene

Filed 12/30 1906

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 28th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 1906 to Dec 1906

that I last saw h[illegible] alive on [illegible] 190[illegible],

and that death occurred, on the date stated above, at 6.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. H. Zellers coroner M.D.

Address 211 W. Lemmon

Date Dec 28th 1906

Place of Burial Cedar Hill Cem

Date Dec 3.

Undertaker Jacob Ahrens & Co

Address 754 N. Eutaw

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 16 96699 B96699 Registered No. B 969

CERTIFICATE OF DEATH.

(Place of Death.) No. 4 Lehman St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Paul Lorenz

{Residence, if in Baltimore, Give Street and Number.} 4 Lehman St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: Oct 16 1904

AGE: 2 years, 2 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Paul Lorenz

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Mary Bauer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Paul Lorenz

(Address) #4 Lehman St-

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec 30 (4 P.M.) 1906 to Dec 30 (7 P.M. about) 1906

that I last saw him alive on Dec 30 1906,

and that death occurred, on the date stated above, at (about) 7 P.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Indigestion, with Exhaustion

about 2½ hours (DURATION) DAYS

~~Contributory (Primary)~~ (Broncho Acute pneumonia complicating) ~~(DURATION)~~ DAYS

(Signed) C. C. McDowell M.D.

Address 1526 W. Fayette

Date Dec 31 1906

Place of Burial New Cathedral Cemetery

Date January 1. 1907

Undertaker Wm. Geo P. Poulus

Address 2101 Frederick Ave.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96700

City of Baltimore, (No. 735 E 21 st St. Cor Cromwell St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Loretta McGuire

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Jan 17. (Month) (Day) 1899. Year)

AGE: 7 years, 11 months, 10. days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Luke. McGuire

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Bridget Denison

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Father of Child

(Address) 21 st Cor Cromwell St

Filed 12/31 1906

HARRY C. ANDREWS,
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 29 1906
Dec (Month) Saturday (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Dec 29 1906

that I last saw her alive on Dec 29 1906,

and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH was as follows:

Lobar Pneumonitis
followed by Cardiac Debility

(DURATION) 21 DAYS

Contributory Rheumatic Diathesis (DURATION) DAYS

(Signed) John Carson M. D.

Dec 29 1906 (Address) 715 E 20 st

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem — DATE OF BURIAL: Jan 1 1907

UNDERTAKER: D. and M. J. Flynn — ADDRESS: 412 E Wed St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

B96701 43

CERTIFICATE OF DEATH. B96701

(Place of Death.) No. 129 Conway St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Katharine S. Eppler.

{Residence, if in Baltimore, Give Street and Number.} 129 W. Conway St.

Duration of Residence in Baltimore. Lifetime B. 96701

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH April 23rd 1861

AGE 45 years, 8 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Baltimore Md.

FULL NAME OF FATHER John C Kramer.

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary Berg.

BIRTHPLACE OF MOTHER (State or country) Baltimore Md.

OCCUPATION OF DECEASED House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) George. F. Eppler.

(Address) 129 Conway

Filed 12/31 1906 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29th 1906

I HEREBY CERTIFY, That I attended deceased from July 10 1906 to Dec 29 1906

that I last saw her alive on Dec 29 1906

and that death occurred, on the date stated above, at 4.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 1 DAYS

Contributory (Primary) Carcinoma of the Breast (DURATION) 1 year DAYS

(Signed) G A Shuede M.D.

Address 705 N Eastern Ave

Date Baltimore Dec 29 1906

Place of Burial Loudon Park.

Date Jan. 1st 1907

Undertaker Jno & Jno H. Teufel

Address 801 W. Fayette St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96702

Registered No. B.....

City of Baltimore, (No. Eutaw House St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Louise Young

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 31 1905
(Month) (Day) (Year)

AGE 60 years, 9 months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER Alex Young

BIRTHPLACE OF FATHER (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Anna M. Sandford

BIRTHPLACE OF MOTHER (State or country) Baltimore Md

OCCUPATION OF DECEASED none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alfred J. Carr

(Address) 927 Law Bldg

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1905 to Dec. 30 1906

that I last saw her alive on Dec. 30 1906, at 6 P.M. and that death occurred, on the date stated above, at 6 P.M. The CAUSE OF DEATH was as follows: 1' Valvular Disease of Heart

(DURATION) DAYS

Contributory Dropsy

(DURATION) DAYS

(Signed) James Bacon M. D.

Dec. 30 1906 (Address) 182 Maryland Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Litchfield Pa. How long at Place of Death 14 Days

Where was disease contracted, if not at place of death? Unknown

PLACE OF BURIAL OR REMOVAL Westminster Ch. Yard | DATE OF BURIAL Jany 1 1907

UNDERTAKER H. W. Jenkins Undertaking Co | ADDRESS 233 W. Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7

Registered No. B 96703

B 96703

CERTIFICATE OF DEATH.

(Place of Death.) No. 1820 N. Caroline St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Catherine H. Darling

{Residence, if in Baltimore, Give Street and Number.} 1820 N. Caroline St.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Oct. 22 1823

AGE 83 years, 2 months, 7 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~ Widowed

BIRTHPLACE (State or country) Balto. ~~James Hediard~~

FULL NAME OF FATHER James Hediard

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Catherine Heddinger

BIRTHPLACE OF MOTHER (State or country) Balto.

OCCUPATION OF DECEASED Retired

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1820 N. Caroline St.

Filed 12/31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1906

about I HEREBY CERTIFY, That I attended deceased from 3 mos ago 1906 to Dec 29 1906

that I last saw h er alive on Dec 29 1906,

and that death occurred, on the date stated above, at about 2.45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Nephritis Chr.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. J. Riley M.D.

Address 1639 Broadway

Date Dec 31 1906

Place of Burial Balto. Cemetery

Date Jany. 1 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 16 B96704 Registered No. B 96704

CERTIFICATE OF DEATH.

16

(Place of Death.) No. 45 S Carrollton Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name George Mayfield

{Residence, if in Baltimore, Give Street and Number.} 45 S Carrollton Ave

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1906

AGE 43 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Allen Warfield

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER Eadith Disney

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John I Fields

(Address) 1200 W. Fremont st

Filed 12/31 1906

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 28 1906

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 28 1906

that I last saw him alive on Dec 28 1906.

and that death occurred, on the date stated above, at 11:20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Erysipelas

(DURATION) 4 DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) A A Duncan M.D.

Address 261 Pulaski St.

Date 190

Place of Burial Mt Olivet

Date Dec 31st 1906

Undertaker John I Fields

Address 1200 W. Fremont st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96705
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CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 1512, Druid Hill Av St.; 14 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary Tully.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female. COLOR: white.

DATE OF BIRTH: unknown. (Month) (Day) 1837 (Year)

AGE: 72 years, 0 months, 0 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Ireland.

FULL NAME OF FATHER: Jas. Tully.

BIRTHPLACE OF FATHER (State or country): Ireland.

MAIDEN NAME OF MOTHER: Margaret Reilly.

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Home duties.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Tully

(Address) 1512 Druid Hill Ave

Filed 12/31/1906 HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 1906 to Dec 29 1906, that I last saw h[e] alive on 12/29 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Acute Bronchitis
Senility.
about 1 month. (DURATION) DAYS
Contributory Exhaustion
(DURATION) DAYS

(Signed) L E Brandi M. D.
12/31 1906 (Address) 609 N. Franklin

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? V

PLACE OF BURIAL OR REMOVAL: St Peters — DATE OF BURIAL: Jan 2nd 1907

UNDERTAKER: M Fahey & Sons — ADDRESS: 606 Lafayette Ave

WM. J. C. DULANY CO., BALTIMORE

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96706

Registered No. B

City of Baltimore, (No. 1925, McCulloh St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Susan Ann Barton

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White
DATE OF BIRTH	January 19 1831 (Month) (Day) (Year)
AGE	75 years, 11 months, 12 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Maryland
FULL NAME OF FATHER	Peter Hostetloff
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Susan Barker
BIRTHPLACE OF MOTHER (State or country)	Maryland
OCCUPATION OF DECEASED	Waiter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Miss Ella Barton

(Address) 1925 McCulloh St

Filed 12/31 1906 [illegible] Registrar

PERMIT CLERK.

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30 1906 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 1904 to December 30 1906 that I last saw h er alive on December 30 1906, and that death occurred, on the date stated above, at 7 40 P.M. The CAUSE OF DEATH was as follows:

Old age, General debility
Bright's Disease

(DURATION) 4 Years

Contributory

(DURATION) DAYS

(Signed) [illegible] M. D.

12/30 1906 (Address) 1618 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Jan 1 1907
UNDERTAKER	ADDRESS
J Thos Mc	1541 W Baltimore St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96707

Registered No. B .....

City of Baltimore, (No. 1311, Druid Hill ave. ~~St.~~, 11 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Chester Hardy

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Col.

DATE OF BIRTH: 1 (Month) (Day) (Year)

AGE: 25 years, 3 months, 5 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: John L. Hardy

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Cecelia Hardy

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Mechanic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Hardy

(Address) 123 1/2 Druid Hill Ave

Filed 12/31 1906 HARRY C. [illegible], PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 30th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 20th 1906 to Dec 30th 1906 that I last saw h[illegible] alive on Thu 27th Dec 1906, and that death occurred, on the date stated above, at 3 a. m. The CAUSE OF DEATH was as follows:

Tubercular Pneumonia

10 (DURATION) DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) R. M. Hall M. D.

Dec 30th 1906 (Address) 1019 Druid Hill Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn Cem — DATE OF BURIAL: Jan 1st 1906

UNDERTAKER: Saml H. Chase — ADDRESS: 1011 Calhoun

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 B 96708 Registered No. B 80

CERTIFICATE OF DEATH.

(Place of Death.) No. 2700 Druid Hill Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary M. Bonhage

{Residence, if in Baltimore, Give Street and Number.} 2700 Druid Hill Ave

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH May 3 1862

AGE 44 years, ____ months, ____ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Henry Scott

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Jane E Patterson

BIRTHPLACE OF MOTHER (State or country) Maryland

OCCUPATION OF DECEASED ____

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry G Bonhage

(Address) 2700 Druid Hill Ave.

Filed 12/31/1906 HARRY O. ANDREWS, (DEPUTY CLERK.) Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29th 1906

Mary Bonhage

I HEREBY CERTIFY, That I attended deceased from ____ 190__ to ____ 190__

that I last saw h__ alive on ____ 190__

and that death occurred, on the date stated above, at 9:45 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Angina Pectoris

(DURATION) ____ DAYS

Contributory (Primary.) Valvular Insuff

(DURATION) ____ DAYS

(Signed) Franklin Smallwood M.D.

Address 1818 N. Charles

Date Dec 31 1906

Place of Burial Loudon Pk

Date January 2 1906

Undertaker Robt J Turner

Address Druid Hill Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 96709 Registered No. B 96709

CERTIFICATE OF DEATH.

92

(Place of Death.) No. 1108 Lemmon alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Leri Hatcher

{Residence, if in Baltimore, Give Street and Number.} 1108 Lemmon alley

Duration of Residence in Baltimore. Batts Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Black

DATE OF BIRTH: 1

AGE: years, 3 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: James Hatcher

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: Josephine Johnson

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Johnson

(Address) 110 8 Lemmon Alley

Filed 12/31, 1906 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 30 1906

that I last saw h alive on 1906

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Catarrhal Pneumonia

(DURATION) 7 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Frank Jones Coroners

Address

Date Dec 31 1906

Place of Burial Mt Auburn Cemetery

Date Jan 1 1907

Undertaker R. A. Gilliatt

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 7 | 96710 Registered No. B 96710

CERTIFICATE OF DEATH. 96710 1/2

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Carl Heimbigner

{ Residence, if in Baltimore, Give Street and Number. } Emmigrant (Schumacher's)

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX M. COLOR W.

DATE OF BIRTH 1

AGE ___ years, 7½ months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED —

BIRTHPLACE (State or country) Russia.

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Schumacher & Co.

(Address) 19 S. Gay St.

Filed 12 31 1906 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 18 1906 to Dec. 31 1906

that I last saw him alive on Dec. 31 1906

and that death occurred, on the date stated above, at 7.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Bronchi-Pneumonia

(DURATION) 2 DAYS

Contributory (Primary.) Thrombosis of Axillary Vein (DURATION) 1/2 DAYS

(Signed) C. G. Dorsey M.D.

Address City Hospital

Date December 31 1906

Place of Burial Mt. Evergreen

Date Jan. 1st

Undertaker H. Sands & Son

Address 1710 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 18 B 96714 Registered No. B 1664

CERTIFICATE OF DEATH.

(Place of Death.) No. 110 E Ashroeder St (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edward Leo Mc Hough

{Residence, if in Baltimore, Give Street and Number.} 110 E Ashroeder St

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH 1

AGE 9 years, mont's, days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ Single

BIRTHPLACE (State or country) Balto Md

FULL NAME OF FATHER James Mc Hough

BIRTHPLACE OF FATHER (State or country) Ireland

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) Ireland

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) James Mc Hough

(Address) 110 E Ashroeder St

Filed 1/1 1907 HARRY D. MORRIS, REGISTRAR S. L. C., Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to 190

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 9.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Fracture of Skull, by a street car -

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) J. D. Blatenberger Coroner M.D.

Address 211 N. Lamrad

Date Dec 31st 1906

Place of Burial St Peters

Date Jan 1st 1906

Undertaker John F. Bowman

Address 1961 Pulliam St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96712

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 1024 E. Chase St. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME August Boeddeker

PERSONAL AND STATISTICAL PARTICULARS

SEX	male
COLOR	white
DATE OF BIRTH	Aug. (Month) 9th (Day) 1872 (Year)
AGE	34 years, 4 months, 23 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	single
BIRTHPLACE (State or country)	Balto.
FULL NAME OF FATHER	Franz Boeddeker
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Walburga Ritter
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Tinner

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Walburga Boeddeker (mother)

(Address) 1024 E. Chase St.

Filed 1/1 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. (Month) 30. (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug. 2nd. 1906 to Dec. 30. 1906 that I last saw him alive on Dec. 30. 1906 and that death occurred, on the date stated above, at 6.30 P. M. The CAUSE OF DEATH was as follows:

General Neurasthenia

(DURATION) 5 months DAYS

Contributory Wasting disease

(DURATION) 90 DAYS

(Signed) J. J. Lebale M. D.

Dec. 31. 1906 (Address) 1001 Ringgold St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Jan 2nd 1906
UNDERTAKER	ADDRESS
Henry Hoede & Son	1301 E Eager St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96713

CERTIFICATE OF DEATH.

Registered No. B.....

City of Baltimore, (No. 2646, York Rd St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME J. W. Daneyhill

PERSONAL AND STATISTICAL PARTICULARS

SEX: M.

COLOR: W

DATE OF BIRTH: ? (Month) ? (Day) 1852 (Year)

AGE: 54 years, ... months, ... days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Calvert Co Md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: School Teacher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. W. Daneyhill

(Address) 2646 York Rd

Filed 1/1 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 12/2/06 190 to 12/31/06 190

that I last saw h[illegible] alive on 12/31/06 190 12:30

and that death occurred, on the date stated above, at .....P. M. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

About 1 yr (DURATION) ..... DAYS

Contributory ..... (DURATION) ..... DAYS

(Signed) H. W. Gadden M. D.

12/3/06 190 (Address) 2631 York Rd

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Louden Park

DATE OF BURIAL: Jan 2 1907

UNDERTAKER: Wm Cook

ADDRESS: 5016 Harford

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

93 V

96714

CERTIFICATE OF DEATH.

Registered No. B .....

City of Baltimore, (No. 1848 W Mulberry St.; 19 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Frank Johnston

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 24 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Felix Johnston

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Kelly

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: Operator

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs F. T. Windsor

(Address) 1848 W Mulberry St

Filed 1/1 1907

HARRY C. ANDREWS
REGISTRAR OF WILLS

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 12 (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 24 1906 to Dec 31 1906 that I last saw h-- alive on Dec 31 1906, and that death occurred, on the date stated above, at 5 P.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) ..... DAYS

Contributory Coronae Atheroma

(DURATION) ..... DAYS

(Signed) Joseph W Hall M. D.

Jan 1st 1907 (Address) 1901 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Cathedral

DATE OF BURIAL: Jany 2 1906

UNDERTAKER: Wm Cook

ADDRESS: 502 E Northam

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. **B** B96715

27 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1423 Fairmount Ave - St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Edgar Hall

{ Residence, if in Baltimore, Give Street and Number. } above

Duration of Residence in Baltimore. 2 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR Colored

DATE OF BIRTH 1

AGE 11 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Baltimore City

FULL NAME OF FATHER Edgar Hall

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Errent Boy

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Alice Price

(Address) 1423 Fairmount ave

Filed 1/1 1907 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1906

I HEREBY CERTIFY, That I attended deceased from Oct 6 1906 to 1906

that I last saw h alive on 1906,

and that death occurred, on the date stated above, at 5 P. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis

Duration about 2 yrs (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. L. Lelutent M.D.

Address 711 N. Lamard Coroner

Date Dec 31 1906

Place of Burial Asbury Cemetery

Date January 1 1907

Undertaker John W Henderson

Address 31 N Caroline st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 96716

CERTIFICATE OF DEATH.

(Place of Death.) No. 184 Druid Ann St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Eph. N. Hael

{Residence, if in Baltimore, Give Street and Number.} 184 Druid Ann St

Duration of Residence in Baltimore. Life B-96716

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Blk

DATE OF BIRTH Mch 13 1870

AGE 36 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar.

BIRTHPLACE (State or country) Balto

FULL NAME OF FATHER Chas Hael

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Harriet A Boston

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Laura V. Hael

(Address) 256 Chestnut St

Filed 1/11 1907 S.L.C. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 1905 to Dec 30 1906

that I last saw h-- alive on Dec 30 1906,

and that death occurred, on the date stated above, at 6 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Phthisis Pulmonalis

1 yr (DURATION) ... DAYS

Contributory (Primary.) Anthrax

3 mos (DURATION) ... DAYS

(Signed) V L Howard M.D.

Address Taylor Tavern Edge

Date Dec 31 1906

Place of Burial Laurel Cemetery

Date Jan 1st 1907

Undertaker Felix B Pugh

Address 102 E Hanlebery st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 13 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 221 Parish alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Rogers Sylvester Spencer.

{Residence, if in Baltimore, Give Street and Number.} 221 Parish Alley.

B 96717

Duration of Residence in Baltimore. Life.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: Born Oct 10th 1906

AGE: ..... years, 2 months, 21 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: James Spencer.

BIRTHPLACE OF FATHER (State or country): Maryland.

MAIDEN NAME OF MOTHER: Gertrude Jones.

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Jas Spencer.

(Address) 1710 Pierce Street.

Filed 1/1 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31st 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1906 to — 1906 that I last saw h im alive on Dec. 29 1906, and that death occurred, on the date stated above, at 6 A.M.

M. CAUSE OF DEATH (Secondary or Immediate)

Malnutrition

(DURATION) 60 DAYS

Contributory (Primary) Asthenia.

(DURATION) DAYS

(Signed) J. A. Chatard, M.D.

Address Garrett Hospital Dispensary or 5 West Chase St.

Date Dec. 31st 1906

Place of Burial Mt Auburn Cemetery

Date January 2nd 1907

Undertaker Felix B Pugh

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 9 — 96718 — Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 2000 E. Oliver St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry D. Cullison

{Residence, if in Baltimore, Give Street and Number.} 2000 E. Oliver St.

Duration of Residence in Baltimore. Life

B96718

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Nov. 5th 1887
AGE	19 years, 1 months, 24 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Baltimore Md.
FULL NAME OF FATHER	Harry E. Cullison
BIRTHPLACE OF FATHER (State or country)	Baltimore Md.
MAIDEN NAME OF MOTHER	Barbara Eichhorn
BIRTHPLACE OF MOTHER (State or country)	Baltimore Md.
OCCUPATION OF DECEASED	Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Barbara Cullison

(Address) 2000 E. Oliver St.

Filed 1/1 1907 — HARRY S. COCHRAN — Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 29 — 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 26 1906 to Dec. 29 1906 that I last saw him alive on Dec 29 1906, and that death occurred, on the date stated above, at 7 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 1 Yr DAYS

Contributory (Primary.) General Peritonitis

(DURATION) 10 DAYS

(Signed) J. Wesley Cole M.D.

Address 735 N. Fulton Ave

Date Dec 30 — 1906

Place of Burial Holy Redeemer Cem.

Date Jan. 2nd 1907

Undertaker Germanus Trainor

Address 1 Bantz & Wolfe Sts.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 20 96719 Registered No. B 96719

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 1802 Fredk Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Katie Horst

{ Residence, if in Baltimore, Give Street and Number. } 1802 Frederick Ave

96719

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH May 10th 1865

AGE 41 years, — months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Uhl

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER M. Uhl

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Housekeeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. J. Uhl

(Address) 1802 Fredk ave

Filed 1/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 29 1906

I HEREBY CERTIFY, That I attended deceased from Nov. 29 1906 to December 29 1906

that I last saw h er alive on December 29 1906,

and that death occurred, on the date stated above, at 6.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Oedema

(DURATION) 3 hrs. DAYS

Contributory (Primary.) Phthisis Pulmonis about 4 years

(DURATION) — DAYS

(Signed) Henry J. Hahn M.D.

Address Irvington

Date December 31 1906

Place of Burial London Park

Date Jan 1 1907

Undertaker C. F. McCormick

Address 1719 W. Lombard st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

79r

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 96720

Registered No. B.....

City of Baltimore, (No. 2016 Maryland ave St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME William Massey

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 65 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: William B Massey

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: [illegible]

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Clerk

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) E Knoglett

(Address) 1609 St Paul St

Filed 1/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1905 to Dec. 31 1906

that I last saw him alive on Dec. 31 1906,

and that death occurred, on the date stated above, at 11 a. m. The CAUSE OF DEATH was as follows:

Asthenia

(DURATION) ..... DAYS

Contributory Heart Disease

(DURATION) 1 yr. or more DAYS

(Signed) Jas McConaughey M. D.

Dec 31 1906 (Address) 17 E. Lexington

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Greensboro Md

DATE OF BURIAL: January 3 1907

UNDERTAKER: John E Knoglett

ADDRESS: 1422 Penna Ave

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 17 96721 Registered No. B 96721

CERTIFICATE OF DEATH.

(Place of Death.) No. 1433 Penna Ave St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary A Hukeen

{Residence, if in Baltimore, Give Street and Number.} 1433 Penna Ave,

Duration of Residence in Baltimore. 25 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ..... 1 .....

AGE: 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): England

FULL NAME OF FATHER: John Begley

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): England

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Annie E Russell

(Address) 1433 Penna ave

Filed 1/1 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from July 1 1906 to Dec 30 1906

that I last saw h[illegible] alive on Dec 29 1906

and that death occurred, on the date stated above, at 1 A.M.

I. CAUSE OF DEATH (Secondary or Immediate) Chronic Nephritis

(DURATION) 6 mos DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) Jesse Ebaugh M.D.

Address 1741 Pa Ave

Date Dec 31 1906

Place of Burial Western Cemetery

Date January 1 1907

Undertaker John E Houghton

Address 1422 Penna Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 4 — 967722 — Registered No. B 118 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James Phibisk

{ Residence, if in Baltimore, Give Street and Number. } Delta Pa.

Duration of Residence in Baltimore. —

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male	COLOR: White
DATE OF BIRTH: — 1	
AGE: 29 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single	
BIRTHPLACE (State or country): — Italy	
FULL NAME OF FATHER: —	
BIRTHPLACE OF FATHER (State or country):	
MAIDEN NAME OF MOTHER:	
BIRTHPLACE OF MOTHER (State or country):	
OCCUPATION OF DECEASED: Quarryman	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Samuel Phibisk

(Address) West Bangor Pa

Filed 1/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 21 1906 to Dec 31 1906

that I last saw h[illegible] alive on Dec 31 1906,

and that death occurred, on the date stated above, at 2 A. M. CAUSE OF DEATH (Secondary or Immediate

General Peritonitis

(DURATION) 7 DAYS

Contributory (Primary.) Acute Appendicitis

(DURATION) 6 DAYS

(Signed) Robt F. Coe M.D.

Address University Hospital

Date Dec 31 1906

Place of Burial St Marys Harford Co Md

Date Jan 1 1907

Undertaker W B Cook

Address 1003 E Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 96723

CERTIFICATE OF DEATH.

(Place of Death.) No. 1639 Jefferson St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Henry C Forman

{ Residence, if in Baltimore, Give Street and Number. } 1639 Jefferson st

Duration of Residence in Baltimore. Life B96723

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct 9th 1826
AGE	80 years, 2 months, 21 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Md
FULL NAME OF FATHER	Joseph Forman
BIRTHPLACE OF FATHER (State or country)	Delaware
MAIDEN NAME OF MOTHER	Eliza Hay
BIRTHPLACE OF MOTHER (State or country)	Delaware
OCCUPATION OF DECEASED	Mercantile Agency work

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Florence Smyth

(Address) 253 Rutter House st Germantown Phila Pa

Filed 1/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 25th 1906 to Dec 30th 1906

that I last saw him alive on Dec 30th 1906,

and that death occurred, on the date stated above, at 12.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Coma

(DURATION) 3 DAYS

Contributory (Primary) Chronic Nephritis (DURATION) 2 1/2 DAYS

(Signed) Chas B. Fleagle M.D.

Address 6304 Brookline

Date Dec 31st 1906

Place of Burial Green Mount

Date Jan 2 1907

Undertaker Jas B Cook

Address 1003 W Balto St

W. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate stating forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96724

City of Baltimore, (No. 836, N. Eutaw St.; Ward) [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME John Dennis Wimbrough,

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White.

DATE OF BIRTH: August (Month) 24 (Day) 1824 (Year)

AGE: 72 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Va.

FULL NAME OF FATHER: Richard T. Wimbrough

BIRTHPLACE OF FATHER (State or country): Va.

MAIDEN NAME OF MOTHER: Mahala Kelly.

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Retired Undertaker.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. D. Wimbrough Jr.

(Address) 836 N. Eutaw St.

Filed 1/1 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec. 30 1906 to Dec. 31 1906

that I last saw h[im] alive on " " 1906

and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Apoplexy.

(DURATION) 1 DAY

Contributory

(DURATION) DAY

(Signed) C. Edward Janney M. D.

Jan. 1 1907 (Address) 837 N. Eutaw St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Woodstown N J

DATE OF BURIAL: Jan 1st 1907

UNDERTAKER: Jas. Reus & Co

ADDRESS: N. Eutaw St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96725

City of Baltimore, (No. 2446 Etting St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Dora Gordon

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	Negro
DATE OF BIRTH	..... (Month) ..... (Day) 1 (Year)
AGE	26 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Robt. Diggs
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Annie Diggs
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Housewife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Rudolph Md

(Address) Forest Park

Filed 1/1 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1 1906 to date of Death that I last saw h[illegible] alive on Dec 26 1906, and that death occurred, on the date stated above, at 11.30 a.m. The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(DURATION) ..... DAYS

Contributory About 4½ mos

(DURATION) ..... DAYS

(Signed) J. Rudolph M.D.

Dec 31 1906 (Address) Forest Park

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ✓ Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL Mt. Zion

DATE OF BURIAL [illegible] 2 1907

UNDERTAKER Wm. J. Stevens

ADDRESS 614 Eutaw St

WM. J. C. DULANY CO., BALTIMORE

Ward 5 B96725 Registered No. B 96725

CERTIFICATE OF DEATH.

(Place of Death.) No. 713 Chappel st. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Arthur Bias

{ Residence, if in Baltimore, Give Street and Number. } 713 Chappel st.

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Mail | COLOR: Colored

DATE OF BIRTH: 1

AGE: 35 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Dan Bias

BIRTHPLACE OF FATHER (State or country): Md

MAIDEN NAME OF MOTHER: — —

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED: Labor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Estelle Bias

(Address) 713 Chappel st

Filed 1/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December 29, 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Dec 29 1906 that I last saw h[illegible] alive on Dec 28 1906, and that death occurred, on the date stated above, at ... M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis.

(DURATION) 15 Mos. DAYS

Contributory (Primary.) ... (DURATION) ... DAYS

(Signed) Wm H. Wright M.D.

Address 1373 N. Carey st

Date December 29, 1906

Place of Burial Mt. Zion

Date January 1 1907

Undertaker Wm J. Johnson

Address 614 Baker st.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 10 96727 Registered No. B 96727

CERTIFICATE OF DEATH.

(Place of Death.) No. 516 ~~Eutaw~~ Bloom St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Carter

{Residence, if in Baltimore, Give Street and Number.} 516 Bloom St.

Duration of Residence in Baltimore. Life

B96727

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH ..... 1.....

AGE 28 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Carter

BIRTHPLACE OF FATHER (State or country) Md

MAIDEN NAME OF MOTHER — —

BIRTHPLACE OF MOTHER (State or country) Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary Carter

(Address) 516 Bloom St

Filed 1/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Dec 30 1906

that I last saw him alive on Dec 29 1906,

and that death occurred, on the date stated above, at 7.30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) 3 weeks DAYS

Contributory (Primary.) Pneumonia

(DURATION) 3 weeks DAYS

(Signed) Louis Ebaugh M.D.

Address 941 Eastern Ave

Date Dec 30th 1906

Place of Burial Mt Hope

Date Jan 2 1907

Undertaker Wm J. Johnson

Address 614 Baker St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, color, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96728

City of Baltimore, (No. 639 N. Calhoun St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Clementine A. Jennings

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: W.

DATE OF BIRTH: April (Month) 8 (Day) 1814 (Year)

AGE: 92 years, 8 months, 21 days

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Michael Lamb

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER: Ann Jackson

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. J. Brown

(Address) 318 N Carey St

Filed 1/1 190 7

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 29 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 23 1906 to Dec 29 1906

that I last saw h[illegible] alive on Dec 29 1906

and that death occurred, on the date stated above, at 5 P. M. The CAUSE OF DEATH was as follows:

Grippe

(DURATION) 7 DAYS

Contributory old age

(DURATION) DAYS

(Signed) O Edward Janney M. D.

Dec 31 1906 (Address) 837 N Eutaw St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Green Mount

DATE OF BURIAL: Jan 1st 1907

UNDERTAKER: C. M. Mitchell

ADDRESS: 120 N Fayette St

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96729

City of Baltimore, (No. 650 W. Barre St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Amanda E. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb. (Month) 27 (Day) 1834 (Year)

AGE: 72 years, 10 months, 3 days

~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~: Widow

BIRTHPLACE (State or country): Balto. Md.

FULL NAME OF FATHER: David Judah

BIRTHPLACE OF FATHER (State or country): Portugal not Know

MAIDEN NAME OF MOTHER: Agnis Graham

BIRTHPLACE OF MOTHER (State or country): Balto. Md.

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Frank Smith

(Address) 633 W. Hamburg St.

Filed 1/1 1907

HARRY C. ANDREWS
PERMIT CLERK.
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 30th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from October 1906 to December 1906 - that I last saw her alive on Dec 29th 1906 -, and that death occurred, on the date stated above, at 2 a. m. The CAUSE OF DEATH was as follows:

Heart failure and general weakness due to repeated Asthmatic attacks (DURATION) DAYS

Contributory Old age (DURATION) DAYS

(Signed) W. G. Frederick M. D.

12. 30 1906 (Address) 802 So Fremont Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Balto Cem. DATE OF BURIAL: Jan 1 1907

UNDERTAKER: P. J. Dill & Son ADDRESS: 746 Columbia Ave

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 1 — 96730 — Registered No. B 96730

93 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Caroline Weiss

{Residence, if in Baltimore, Give Street and Number.} 1602 E. Fayette St.

Duration of Residence in Baltimore. 35 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	White.
DATE OF BIRTH	1
AGE	58 years, months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Conrad Weiss
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Unknown
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Dec 31 1906 that I last saw her alive on Dec 31 1906 and that death occurred, on the date stated above, at 5.20 A.M. CAUSE OF DEATH (Secondary or Immediate.)

Double Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary.) Cardiac failure

(DURATION) — DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Asy

Date Dec 31st 1906 ✓

Place of Burial Balto. Cem.

Date 1/1/07 190

Undertaker J. Herring & Son

Address 2008 Aliceanna St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

wenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

931

CERTIFICATE OF DEATH.

Registered No. B 96731

City of Baltimore, (No. 228 N. Shroder St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia A Greene

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR Col'd

DATE OF BIRTH [illegible] (Month) (Day) 1854 Year

AGE 52 years, ... months, — days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

BIRTHPLACE (State or country) Howard County

FULL NAME OF FATHER Can't say

BIRTHPLACE OF FATHER (State or country) Howard Co'n

MAIDEN NAME OF MOTHER Can't say

BIRTHPLACE OF MOTHER (State or country) Howard Co'n

OCCUPATION OF DECEASED Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. W. Barker M D

(Address) 1116 W. Fayette St

Filed 1/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 1906
(Month) 12 (Day) 29 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 28th 1906 to Dec 27th 1906 that I last saw her alive on Dec 28th 1906, and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 10 DAYS

Contributory —

(DURATION) DAYS

(Signed) C W Barker M. D.

190 (Address) 1116 W Fayette

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Mt Auburn Cem'y DATE OF BURIAL Jan 1 1907

UNDERTAKER George H Hooper ADDRESS 609 Litterpat

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 96732 Registered No. B 96732

CERTIFICATE OF DEATH.

(Place of Death.) No. 1126 Penna ave St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Annie Long

{Residence, if in Baltimore, Give Street and Number.} 1126 Penna ave

Duration of Residence in Baltimore. 16 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH 1

AGE 43 years, months, days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ married

BIRTHPLACE (State or country) Dorchester md

FULL NAME OF FATHER — — —

BIRTHPLACE OF FATHER (State or country) — — — —

MAIDEN NAME OF MOTHER — — —

BIRTHPLACE OF MOTHER (State or country) — — —

OCCUPATION OF DECEASED house wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Long

(Address) 1126 Pennsylvania Ave

Filed 1/1 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Dec 31 1906

that I last saw her alive on Dec 31 1906,

and that death occurred, on the date stated above, at 1130 A. M. CAUSE OF DEATH (Secondary or Immediate)

asthma Dampsey

Heart failure

2 months (DURATION) 21 DAYS

Contributory (Primary.) Heart

2 months (DURATION) 21 DAYS

(Signed) Dr Jno Kennard M.D.

Address 76 E Eager St

Date Dec 31 1906

Place of Burial not auburn

Date Jan 1st 1907

Undertaker J. L. Blount & Son

Address 1018 Montgomery St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96733 Registered No. B 96733

155 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. Johns Hopkins Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Harry Graham

{ Residence, if in Baltimore, Give Street and Number. } 2536 Fairmount

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH May 6th 1886.

AGE 20 years, 7 months, 24 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Balto.

FULL NAME OF FATHER James. G. Graham

BIRTHPLACE OF FATHER (State or country) Balto.

MAIDEN NAME OF MOTHER Vernie E. Wagner.

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Vernie E. Graham

(Address) 1001 Harris Alley.

Filed 1/1 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30th 1906

I HEREBY CERTIFY, That I attended deceased from Dec 19 1906 to Dec 30 1906

that I last saw h alive on 190,

and that death occurred, on the date stated above, at 3.05 P.M. CAUSE OF DEATH (Secondary or Immediate)

Carbolic acid Poison,

Taken at 11.30 P. M. on 29th

at 2536 Fairmount Ave.

Suicide (DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) J. D. Shutard M.D.

Address 211 W. Lanvale St. Coroner

Date Dec 30th 1906

Place of Burial Mt. Carmel Cem.

Date Jan. 1st 1907

Undertaker H. Sanders & Sons

Address 1310 Canton Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B96734

Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. 830 China St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Johmson

{ *Residence, if in Baltimore, Give Street and Number.* } 830 China St.

Duration of Residence in Baltimore. 4 Mos.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Don't know. 1
AGE	40 years, ... months, ... days
~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~	
BIRTHPLACE (State or country)	Md.
FULL NAME OF FATHER	Jack Johnson.
BIRTHPLACE OF FATHER (State or country)	Md.
MAIDEN NAME OF MOTHER	Harriett Gross
BIRTHPLACE OF MOTHER (State or country)	Md.
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Carrie Wallace

(Address) 830 China St

Filed 1/1 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 /06. 190

I HEREBY CERTIFY, That I attended deceased from Dec. 27 1906 to Dec. 30 /06 1906 that I last saw him alive on Dec. 29/06 1906, and that death occurred, on the date stated above, at 5-45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Chr. Nephritis

(DURATION) 6 Mos. DAYS

Contributory (Primary) Cardiac Failure

(DURATION) 2 DAYS

(Signed) E. D. Ellis M.D.

Address 915 Light St.

Date 190

Place of Burial Governor's Run Calvert Co. Md

Date Jan 2. 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 6 B 96785 Registered No. B 6V

CERTIFICATE OF DEATH.

(Place of Death.) No. Steam ship Rita St. (If Death occurred in Hospital or Institution, give Its Name Instead of Street and Number.)

Full Name Waltar Bonka

{ Residence, if in Baltimore, Give Street and Number. } Steam ship Rita

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: April 17th 1906

AGE: ..... years, 8 months, 13 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Nadyslaw Bonka

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Not Known

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) O. Schumacher & Co.

(Address) 6. S. Gay St

Filed 1/1 1907 HARRY [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 30. Dec. 1906

I HEREBY CERTIFY, That I attended deceased from 27. Dec 1906 to 30. Dec. 1906 that I last saw him alive on 30. Dec 1906, and that death occurred, on the date stated above, at 7.45 P.M.

..... M. CAUSE OF DEATH (Secondary or Immediate)

Measles & pneumonia Collapse

..... (DURATION) ..... DAYS

Contributory (Primary) .....

..... (DURATION) ..... DAYS

(Signed) H. P. Springer M.D.

Address Steam ship Rita

Date 1. Jan. 1907

Place of Burial 1st Evangelical Cem.

Date January 1st 1907

Undertaker H. Sauder & Sons

Address 1711 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96736

CERTIFICATE OF DEATH.

Registered No. B .....

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

City of Baltimore, (No. ....., ..., St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Charles Henry Indenrieden

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 66 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widower

BIRTHPLACE (State or country): City

FULL NAME OF FATHER: Joseph B. Indenrieden

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Plumber

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph B. Indenrieden

(Address) 1212 N. Stricker St

Filed 1/1 1907 HARRY G. ANDREWS, VITAL STATISTICS Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 30 (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 6 1906 to Dec 30 1906 that I last saw h in alive on Dec. 29 1906, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH was as follows:

Def Cirtus

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) Jas Thomas Gibson M. D.

Dec 30 1906 (Address) 1300 N. Stricker

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 2 1907

UNDERTAKER: Geo. Weber

ADDRESS: 1155 N. Carey St

WM. J. C. DULANY CO., BALTIMORE.

10 am

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death

HEALTH DEPARTMENT, CITY OF BALTIMORE.

1907

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

96737

CERTIFICATE OF DEATH.

Registered No. B

City of Baltimore, (No. 316 N. Poppleton St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Julia Schaninger

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Sept. (Month) 26 (Day) 1834 (Year)

AGE: 72 years, 3 months, 4 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Julia Raisner

BIRTHPLACE OF MOTHER (State or country): Germony

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Edw. F. Schaninger

(Address) 809 W. Franklin St.

Filed 1/1 1907 HARRY C. ANDREWS, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: DEC. (Month) 30 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from DEC. 28th 1906 to DEC. 30 1906

that I last saw her alive on Dec. 30 1906,

and that death occurred, on the date stated above, at 3.25 P. M. The CAUSE OF DEATH was as follows:

Pneumonia Lobar

(DURATION) 2 DAYS

Contributory Exhaustion (DURATION) Chron DAYS

(Signed) Robt. J. Murray M D

Dec 31 1906 (Address) 518 N. Fremont St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 2 1907

UNDERTAKER: Geo. Weber

ADDRESS: 113 W. Lacy

WM. J. C. DULANY CO., BALTIMORE

10 a m

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Reg. No. 96738

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 403. N. Green st. St.

(If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Albert Leinkuller

{ Residence, if in Baltimore, Give Street and Number. } 403 N. Green st.

B96738

Duration of Residence in Baltimore. Life Time

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	June 15 1860
AGE	46 years, 5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balt Md
FULL NAME OF FATHER	Mathias Leinkuhler
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Barbara Knopf
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	Shoemaker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J Barbara Leinkuhler

(Address) 0

Filed 1/11 1907 HARRY J. ANDREWS PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29 th 1906

I HEREBY CERTIFY, That I attended deceased from May 22 nd 1906 to Dec 29 th 1906 that I last saw h im alive on Dec 28 th 1906, and that death occurred, on the date stated above, at 3 P. M.

CAUSE OF DEATH (Secondary or Immediate)

Phthisis Pulmonalis &
Valvular Disease of Heart
7 Months (DURATION) DAYS

Contributory (Primary.)
Prostration (DURATION) 14 DAYS

(Signed) Chas L. Buddenbohn M.D.

Address 418. S. Paca st

Date Dec 30 th 1906

Place of Burial Holy Redeemer

Date Jan 20 1907 190

Undertaker M. S. Finch

Address 2113 N. Preston St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 B96739 Registered No. B

CERTIFICATE OF DEATH.

(Place of Death.) No. 656 W. German St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Simonis Latanis

{ Residence, if in Baltimore, Give Street and Number. } 656 W. German St.

Duration of Residence in Baltimore. 17 Years.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: 21 Nov 1874

AGE: 32 years, 1 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Russia

FULL NAME OF FATHER: Joseph Latanis

BIRTHPLACE OF FATHER (State or country): Russia

MAIDEN NAME OF MOTHER: Ann Dont Know

BIRTHPLACE OF MOTHER (State or country): Russia

OCCUPATION OF DECEASED: Tailor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Ann Latanis

(Address) 656 Lorman

Filed 1/1 1907 HARRY [illegible], REGISTER OF WILLS. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31, 1906

I HEREBY CERTIFY, That I attended deceased from December 24, 1906 to December 31, 1906

that I last saw him alive on December 30, 1906

and that death occurred, on the date stated above, at 12-

M. CAUSE OF DEATH (Secondary or Immediate)

Pulmonary Tuberculosis

(DURATION) 3 Years.

Contributory (Primary) Intemperance

(DURATION) Dont Know

(Signed) Albert F. Chambers, M.D.

Address 614 S. Paca St

Date January 1, 1906.

Place of Burial Loudon Park

Date Jan 2" 1907

Undertaker N S Fink

Address 2113 W Pratt St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward 14th

Registered No. B 96740

B96740

64 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Patrick Flynn

{Residence, if in Baltimore, Give Street and Number.} 1438 Henry st

Duration of Residence in Baltimore. 40 yrs

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Unknown
AGE	about 60 years, — months, — days
~~SINGLE, MARRIED,~~ WIDOWED, ~~OR DIVORCED~~	Widower
BIRTHPLACE (State or country)	Ireland
FULL NAME OF FATHER	Unknown
BIRTHPLACE OF FATHER (State or country)	"
MAIDEN NAME OF MOTHER	"
BIRTHPLACE OF MOTHER (State or country)	"
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Family

(Address) 1033 Guilford Ave.

Filed Jan 2nd 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 22nd 190 to Dec 31st 190

that I last saw h — alive on — 190 —

and that death occurred, on the date stated above, at 1-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) 6 DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Benj. S. Hayden M.D.

Address 216 N. Caroline St

Date January 1st 1907

Place of Burial St. Mary's Cem. Govanstown

Date Janu. 2nd 1907

Undertaker Evans & Spence

Address 118 & 120 W. Mt. Royal Ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name**, **sex**, **age**, **condition** (whether married or single) of the person deceased, and the **cause and date of death**.

CERTIFICATE OF DEATH.

27 V

(Place of Death.) No. 117 N. Glover St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Burkhardt Kupfer

{Residence, if in Baltimore, Give Street and Number.} 117 N. Glover St.

B96741

Duration of Residence in Baltimore. all life

PERSONAL AND STATISTICAL PARTICULARS

SEX: M | COLOR: W

DATE OF BIRTH: ..... 1 .....

AGE: 34 years, — months, — days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~: Married

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: John Kupfer

BIRTHPLACE OF FATHER (State or country): Germanney

MAIDEN NAME OF MOTHER: Cunidunda Fisher

BIRTHPLACE OF MOTHER (State or country): Germanney

OCCUPATION OF DECEASED: Cabnet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Kupfer

(Address) 119 N. Glover St

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 31 1906 to Dec 31 1906

that I last saw h— alive on Dec 31 1906,

and that death occurred, on the date stated above, at 1 1/2 P. M. CAUSE OF DEATH (Secondary or Immediate)

Hemorrhage of the Lungs

Phthisis

(DURATION) DAYS

Contributory (Primary)

(DURATION) DAYS

(Signed) A. C. Hearn M.D.

Address 156 Milton Ave

Date Dec 31 1906

Place of Burial Holy Redeemer

Date Jan 3 1907

Undertaker Kendall Duffield & Son

Address 330 S Bond St

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the U Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

Ward ..... 96742 Registered No. B 96742

CERTIFICATE OF DEATH.

(Place of Death.) No. 519 N. Luzerne st St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Fred. Brenner

{Residence, if in Baltimore, Give Street and Number.} 519 Luzerne st.

Duration of Residence in Baltimore. 39 years

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH April 21st 1842

AGE 64 years, 8 months, 10 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Germany

FULL NAME OF FATHER "

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER "

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Daughter Mrs Stibler

(Address) 519 Luzerne st.

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31st 1906.

I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1905 to Dec. 31st 1906, that I last saw him alive on Dec. 31st 1906, and that death occurred, on the date stated above, at 10 a. M. CAUSE OF DEATH (Secondary or Immediate.)

General Dropsy

(DURATION) DAYS

Contributory (Primary.) Acute Nephritis

(DURATION) 5 Months DAYS.

(Signed) Anton A. Meyer M.D.

Address 1031 N. Carrollton ave

Date December 31st 1906.

Place of Burial Greenmount Cemetery

Date Jan 3 1907

Undertaker Louis Hemmann

Address 6 S Eutaw st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96743

City of Baltimore, (No. 3118, O'Donnell St.; 1st Ward) [If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."] [If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Infant of Arthur & Jessie Heck

PERSONAL AND STATISTICAL PARTICULARS

SEX female | COLOR white

DATE OF BIRTH Jan (Month) 1 (Day) 1907 (Year)

AGE — years, — months, 6 hours days

SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) 3118 O'Donnell St

FULL NAME OF FATHER Arthur J Heck

BIRTHPLACE OF FATHER (State or country) Balto Md

MAIDEN NAME OF MOTHER Jessie Horseman

BIRTHPLACE OF MOTHER (State or country) Cecil County Md.

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) M. Mongan

(Address)

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 1 1907, that I last saw h-e alive on Jan 1 1907, and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:

Cardiac Failure

Syncope (DURATION) Hrs

Contributory Premature birth

Unattended Pregnancy (DURATION) — DAYS

(Signed) M. Mongan M. D.

Jan 1 1907 (Address) Canton & Dillon Sts

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death? — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Emanuel Cemetery | DATE OF BURIAL Jan 2 1907

UNDERTAKER Louis Heimann | ADDRESS 62 Caroline

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 7 96744 Registered No. B 96744

CERTIFICATE OF DEATH.

(Place of Death.) No. 111 N. Hughes St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mrs Chambers.

{Residence, if in Baltimore, Give Street and Number.} 111 N. Hughes St.

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: colored

DATE OF BIRTH: 1

AGE: 77 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): md

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Chase

(Address) 111 N Hughes

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Dec 30 1906

that I last saw h alive on Dec 30 1906

and that death occurred, on the date stated above, at 9 A M. CAUSE OF DEATH (Secondary or Immediate)

Pneumonia

(DURATION) DAYS

Con'ributory (Primary.)

(DURATION) DAYS

(Signed) W. S. Smith M.D.

Address 538 Hanover St.

Date Jan 1 1907

Place of Burial Mt Auburn

Date Jan 3 1907

Undertaker Just N. Toadvine

Address 142 Wolfe St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

96745

CERTIFICATE OF DEATH. B96745

(Place of Death.) No. St. Josephs Hospital. St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number)

Full Name George Harris

{Residence, if in Baltimore, Give Street and Number.} 123 W. Wellcome Alley -

Duration of Residence in Baltimore. 17 yo -

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 17 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Balto. md

FULL NAME OF FATHER: Elwin Harris

BIRTHPLACE OF FATHER (State or country): md

MAIDEN NAME OF MOTHER: Fannie Ewell

BIRTHPLACE OF MOTHER (State or country): md

OCCUPATION OF DECEASED: Porter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Harris

(Address) 123 Wellcome al

Filed 1/2 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 8 1906 to Dec 31 1906 that I last saw h- alive on Dec 31 1906, and that death occurred, on the date stated above, at 1 A.M. CAUSE OF DEATH (Secondary or Immediate)

Typhoid fever - with - Hepatic Abscess)

(DURATION) ..... DAYS

Contributory (Primary.)

(DURATION) 23 DAYS

(Signed) Chas L. Gross M.D.

Address St Josephs Hospital

Date Dec 31/1906 190

Place of Burial Mt. Auburn Cem.

Date January 2 190

Undertaker John H. Toadvine

Address 142 W. Hoe St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward IX

96746

Registered No. B

CERTIFICATE OF DEATH.

96746

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Sarah Suppins

{Residence, if in Baltimore, Give Street and Number.} 1144 Calhoun St

Duration of Residence in Baltimore. 27 Years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Black

DATE OF BIRTH: 1

AGE: 38 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Virginia

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Adeline Brickon

BIRTHPLACE OF MOTHER (State or country): Va

OCCUPATION OF DECEASED: Laundress

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 31. 1906.

I HEREBY CERTIFY, That I attended deceased from Dec'r 26. 1906 to Dec'r 31. 1906

that I last saw her alive on Dec'r 31. 1906

and that death occurred, on the date stated above, at 10.25 A.M. CAUSE OF DEATH (Secondary or Immediate)

Acute Lobar Pneumonia

(DURATION) 4 DAYS

Contributory (Primary) Septicemia Incidental

(DURATION) Indefinite DAYS

(Signed) H. M. Owens M.D.

Address Bay View Asylum

Date December 31. 1906.

Place of Burial Mt. Auburn Cem

Date Jan. 2 1907

Undertaker John H. Toadvine

Address 142 W. Hill St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96747

City of Baltimore, (No. 1033 Vine St St.; 18 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME James Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX [redacted] Male

COLOR Col

DATE OF BIRTH Oct 20th 1892

Dec (Month) 31 (Day) 1 (Year)

AGE 15 years 2 months, 2 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Annapolis

FULL NAME OF FATHER William Smith

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Fannie Hyman

BIRTHPLACE OF MOTHER (State or country) Annapolis

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Hyman

(Address) 1033 Vine St.

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH [redacted]

Dec (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1906 to Dec 31 1906

that I last saw h[redacted] alive on Dec 30 1906

and that death occurred, on the date stated above, at 9 40 [redacted] A. M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION 6 DAYS)

Contributory (DURATION DAYS)

(Signed) C. W Barton M. D.

1906 (Address) 1116 W. Saratoga St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Mt Auburn	Jan 2nd 1907
UNDERTAKER	ADDRESS
Alfred J. Stevens & Son	112 North

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96748
64 ✓

Registered No. B

City of Baltimore, (No. 628, W. Mulberry St.; 17 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Mary E. Rider

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | COLOR: wht

DATE OF BIRTH: June (Month) 17 (Day) 1811 (Year)

AGE: 95 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): Ireland

FULL NAME OF FATHER: William Rider

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Mary Brayden

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) W. E. Rider

(Address) 1707 N. Bond St.

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jany (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 25 Dec 1906 to Jany 1 1907

that I last saw h[er] alive on 31st Dec 1906,

and that death occurred, on the date stated above, at 9 A. M. The CAUSE OF DEATH was as follows:

apoplexy

(DURATION) 1 DAYS

Contributory paralysis

(DURATION) 6 DAYS

(Signed) G Lane Tanyhill M. D.

Jany 1 1907 (Address) 1103 Madison ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ____ How long at Place of Death? ____ Days

Where was disease contracted, if not at place of death? ____

PLACE OF BURIAL OR REMOVAL: Baltimore County | DATE OF BURIAL: Jany 3rd 1907

UNDERTAKER: Stewart & Mowen Co. | ADDRESS: 215 Park ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

151

(Place of Death.) No. 1829 Hope St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Charles Hammerman

{ Residence, if in Baltimore, Give Street and Number. } 1829 Hope St

Duration of Residence in Baltimore. Life B96749

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: White
DATE OF BIRTH: Dec. 30 1906	
AGE: ....years, ...months, 2 days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	S.
BIRTHPLACE (State or country)	Baltimore
FULL NAME OF FATHER	Max Hammerman
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Isella Waller
BIRTHPLACE OF MOTHER (State or country)	Baltimore
OCCUPATION OF DECEASED	—

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Max Hammerman

(Address) 1829 Hope St

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1 1907

I HEREBY CERTIFY, That I attended deceased from Birth 190 to Jan. 1 1907

that I last saw h/m alive on Dec. 31 190 7

and that death occurred, on the date stated above, at 5 A. M. CAUSE OF DEATH (Secondary or Immediate)

Premature birth

(8 mos.) (DURATION)

Contributory (Primary.)

(DURATION) DAYS

(Signed) A Ellis M.D.

Address 1519 N. Caroline St.

Date Jan. 1 1907

Place of Burial Baltimore

Date Jan 2 1907

Undertaker Lowland

Address 502 E Hartford

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person asel, and the **cause and date of death.**

twenty-four hours after death, to the Undert can be ascertained, the full name, sex, age, co ge, condition (whether married or single) of the person deceased, and the cau ng forth, as far as the same e cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9 V

CERTIFICATE OF DEATH.

96750

Registered No. B .....

City of Baltimore, (No. 316 W. 2157. St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elsie Albaugh

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Female	White

DATE OF BIRTH: July 9th (Month) (Day) 1903 (Year)

AGE: 3 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: —

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Harry A. Albaugh.

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Lizzie Gable

BIRTHPLACE OF MOTHER (State or country): Pennsylvania

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) C. H. Wilson

(Address) 2100 Jefferson Place

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Tuesday (Month) January 1st (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from December 21st 1906 to January 1st. 1907 that I last saw her alive on January 1st 1907, and that death occurred, on the date stated above, at 10.20 A. M. The CAUSE OF DEATH was as follows:

Paralysis of Heart (Diphtheritic) (DURATION) 1 DAYS

Contributory Diphtheria (DURATION) 14 DAYS

(Signed) Wilmer Dinton M. D.

Jan. 2nd 1907 (Address) Calvert & Preston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ✓

PLACE OF BURIAL OR REMOVAL: Loudon Park — DATE OF BURIAL: Jan 2. 1907

UNDERTAKER: Wm Cook — ADDRESS: 302 E Hoffman

WM. J. C. DULANY CO., BALTIMORE.

1

Found 1 P.M. Jan 2/06

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

154 V

CERTIFICATE OF DEATH.

Registered No. B 96751

City of Baltimore, (No. 2123 Wilkins Av St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Annie Kohler.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Mulatto

DATE OF BIRTH: ..... (Month) ..... (Day) 1824 (Year)

AGE: 82 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Md

FULL NAME OF FATHER: Andrew Wyatt

BIRTHPLACE OF FATHER (State or country): Balto. Md

MAIDEN NAME OF MOTHER: Julia Bilder

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: None (Housework)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Harry C Kohler Jr Hdq

(Address) 2123 Wilkins Av

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Dec 31 1906 that I last saw h[er] alive on Dec 31 1906.

and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Senility

(DURATION) 2 Yrs 3 Mos

Contributory Cardiac Asthenia

(DURATION) 4 DAYS

(Signed) Howard Kohler M. D.

1/1 1907 (Address) 2027 N Paca

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Jan 3 1907
UNDERTAKER	ADDRESS
David McLean Co	833 Linden Av

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

167 V

(Place of Death.) No. Md. Gen. Hospital St.

(If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Isaac Webb

{ Residence, if in Baltimore, Give Street and Number. } 536 Walnut alley B96752

Duration of Residence in Baltimore. Forty-seven years

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	[illegible] 1
AGE	39 years, ... months, ... days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Married
BIRTHPLACE (State or country)	Va
FULL NAME OF FATHER	Benjamin Webb
BIRTHPLACE OF FATHER (State or country)	Va
MAIDEN NAME OF MOTHER	Nancy Webb
BIRTHPLACE OF MOTHER (State or country)	Va
OCCUPATION OF DECEASED	Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Alex. Hemsley

(Address) 578 Biddle

Filed 1/24 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 st 1906

I HEREBY CERTIFY, That I attended deceased from

.....1906.....to.....1906.....

that I last saw h.....alive on.....1906.....,

and that death occurred, on the date stated above, at.....

.....M. CAUSE OF DEATH (Secondary or Immediate)

Septicaemia

.....(DURATION) 4 DAYS

Contributory (Primary.) accidental

burn

.....(DURATION)..... DAYS

(Signed) Wm Baltzell M.D.

Address 710 Log. Av. (Corner)

Date Jan. 2nd 1907

Place of Burial Mt Auburn

Date Jan 7 1907

Undertaker Alex Hemsley

Address 578 N Biddle St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death,** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Ward 10 Registered No. B 96753

CERTIFICATE OF DEATH.

(Place of Death.) No. 888 S Bond St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name John Squiers

{Residence, if in Baltimore, Give Street and Number.} 808 S Bond

Duration of Residence in Baltimore. ———

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Black

DATE OF BIRTH [illegible] 1

AGE 60 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED ———

BIRTHPLACE (State or country) ———

FULL NAME OF FATHER ———

BIRTHPLACE OF FATHER (State or country) ———

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED ———

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) R L Dunphy

(Address) Wells Cut

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 = 1906

I HEREBY CERTIFY, That I attended deceased from ——— 190 ... to ——— 190 ...

that I last saw h... alive on ——— 190 ...

and that death occurred, on the date stated above, at ...M. CAUSE OF DEATH (Secondary or Immediate)

Apoplexy

(DURATION) ... DAYS

Contributory (Primary) Accidental Contusion of Head

(DURATION) ... DAYS

(Signed) James Judkins Grimes M.D.

Address Dec 31 1906

Date ... 190

Place of Burial Holey Rosary

Date JAN 2- 1907 190

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward 7 — Registered No. B 30754

CERTIFICATE OF DEATH.

(Place of Death.) No. 808 Bond St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Unknown

{Residence, if in Baltimore, Give Street and Number.} 808 Bond St.

Duration of Residence in Baltimore.....

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH .....1.....

AGE 40 Years ..... months ..... days

SINGLE, MARRIED, WIDOWED OR DIVORCED —

BIRTHPLACE (State or country) —

FULL NAME OF FATHER —

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 25 = 1906

I HEREBY CERTIFY, That I attended deceased from ..... 190... to ..... 190...

that I last saw h... alive on ..... 190...

and that death occurred, on the date stated above, at .....M. CAUSE OF DEATH (Secondary or Immediate.)

Asphyxia

(DURATION) ..... DAYS

Contributory (Primary.) (Accidental death in Gas Stove) 2 hrs

(DURATION) .....

(Signed) Thomas Coughlin

Address .....

Date Dec 31 = 1906

Place of Burial Holy Rosary

Date JAN 2 1907 190...

Undertaker Armstrong Denny Co.

Address 715 Light Street

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96755

City of Baltimore, (No. 1306, Druid Hill Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Josephine Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: Colored

DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

AGE: 54 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Balto. Md

FULL NAME OF FATHER: Do. Unknown

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: Sarah Davis

BIRTHPLACE OF MOTHER (State or country): Balto Md

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lavia Hawkins

(Address) 1303 Druid Hill ave

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Dec 31st 1906 that I last saw h[er] alive on Dec 30 1906, and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

La Grippe (DURATION) ? 2 DAYS

Contributory Lobar Pneumonia (DURATION) 2 DAYS

(Signed) D. Grantcott M. D.

Jan 1 1907 (Address) 1364 N. Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: Mt Auburn — DATE OF BURIAL: Jany 3 1907

UNDERTAKER: Alex H Emsley — ADDRESS: 5[illegible] W Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

96756

CERTIFICATE OF DEATH.

(Place of Death.) No. 1429 Brunt St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Parker H. Moore

{Residence, if in Baltimore, Give Street and Number.} 1429 Brunt St

Duration of Residence in Baltimore. 40 yrs

B 96756

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR Colored

DATE OF BIRTH 1

AGE 62 years, ... months ..... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

BIRTHPLACE (State or country) Harford Co Md

FULL NAME OF FATHER John Moore

BIRTHPLACE OF FATHER (State or country) Harford Co

MAIDEN NAME OF MOTHER Ellen E. Moore

BIRTHPLACE OF MOTHER (State or country) Harford Co Md

OCCUPATION OF DECEASED Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Fannie Moore

(Address) 1429 Brunt St

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1906 to Dec 31 1906 that I last saw him alive on Dec 31 1906, and that death occurred, on the date stated above, at 6 2 M. CAUSE OF DEATH (Secondary or Immediate)

Exhaustion

(DURATION) 7 DAYS

Contributory (Primary) Coccinoma of Face (DURATION) 2 Months

(Signed) John C Huell M.D.

Address 6 Jay & Lexington Sts

Date Jan 1 1907

Place of Burial Mt Auburn

Date January 3. 1907

Undertaker Alex H Emmsley

Address 578 N Bickett St

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, ***sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Registered No. B 96757

B96757

CERTIFICATE OF DEATH.

(Place of Death.) No. 1522 N. Spring St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Theresa Ashton

{Residence, if in Baltimore, Give Street and Number.} 1522 Spring St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH Dec 21st 1906

AGE ..... years, ... months, 11 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED single

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER John Ashton

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Theresa Johnson

BIRTHPLACE OF MOTHER (State or country) Baltimore

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John Ashton

(Address) 1522 N. Spring St

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 21st 1906 to Jan 1st 1907

that I last saw h.. alive on Dec 21st 1906.

and that death occurred, on the date stated above, at 11 A. M. CAUSE OF DEATH (Secondary or Immediate)

Insanitation

Tuberculosis Pneumonia.

(DURATION) ... DAYS

Con'tributory (Primary.) Premature 7/ Month

(DURATION) ... DAYS

(Signed) William H. White M.D.

Address 1101 N. Broadway

Date January 2nd 1907

Place of Burial Baltimore Cemetery

Date January 2nd 1907

Undertaker Henry Lutz

Address 1007 N. Bond st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 96758

B69758

CERTIFICATE OF DEATH.

(Place of Death.) No. 810 W. Hamburg st St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Frederick W. Mersten

{ Residence, if in Baltimore, Give Street and Number. }

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	White
DATE OF BIRTH	Dec 28th 1885
AGE	21 years, months, 2 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto. Md
FULL NAME OF FATHER	Frederick W. Mersten
BIRTHPLACE OF FATHER (State or country)	Balto Md
MAIDEN NAME OF MOTHER	Louisa Smith
BIRTHPLACE OF MOTHER (State or country)	Balto, Md.
OCCUPATION OF DECEASED	Conductor

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Frederick W. Mersten

(Address) 810 W. Hamburg st

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from Nov 9 1906 to Dec 30 1906 that I last saw him alive on Dec 29 1906, and that death occurred, on the date stated above, at 3 A. M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculosis (Lungs)

Before my first visit on Nov 9-06 (DURATION) DAYS

Contributory (Primary.) Exhaustion (DURATION) 5 DAYS

(Signed) F. C. Ferguson M.D.

Address 1006 S. Sharp St

Date Dec 31 1906

Place of Burial Loudon Park Cemetery

Date Jan. 2 1907 1907

Undertaker James Digman & Son

Address 759 W. Hamburg st.

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

Ward ..... 96759 Registered No. B 96759

CERTIFICATE OF DEATH.

(Place of Death.) No. 124 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Benjamin Bond Dobson

{Residence, if in Baltimore, Give Street and Number.} 124 N Madeira St

Duration of Residence in Baltimore. Since birth

PERSONAL AND STATISTICAL PARTICULARS

SEX male | COLOR white

DATE OF BIRTH Jan 1 1907

AGE 11 days ~~years~~, ~~months~~, ~~days~~

SINGLE, ~~MARRIED WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER James Dobson

BIRTHPLACE OF FATHER (State or country) Baltimore

MAIDEN NAME OF MOTHER Catherine Kelly

BIRTHPLACE OF MOTHER (State or country) New York City

OCCUPATION OF DECEASED ——

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James Dobson father

(Address) 24 N. Madeira st

Filed 1/2 1907 MARK C. ADAMS P. PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1907

I HEREBY CERTIFY, That I attended deceased from Jan 1 1907 to Jan 1 1907

that I last saw him alive on Jan 1 1907,

and that death occurred, on the date stated above, at 5-30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Apneumatosis

Neonatorum

11 Days DURATION DAYS

Contributory (Primary.) Exhaustion

11 Days DURATION DAYS

(Signed) Adolph C. Eisenberg M.D.

Address 2213 Orleans St

Date Jan 1 1907

Place of Burial First Nat. Cem. Cemetery

Date January 3rd 1907

Undertaker J. C. Schuh & Son

Address 1735 Aliceanna st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 95760

92 ✓

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Alice A. Bowen

{ Residence, if in Baltimore, Give Street and Number. } Towson, Md.

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: ... 1 ...

AGE: 4 years, 6 months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Maryland

FULL NAME OF FATHER: Francis L. Bowen

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Brigt agnes McCullough

BIRTHPLACE OF MOTHER (State or country): Ireland

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND BELIEF.

(Informant) Brigt agnes McCullough

(Address) Mellow ave Towson

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Jan 1 1907

that I last saw h[er] alive on Jan 1 1907,

and that death occurred, on the date stated above, at 10 P. M. CAUSE OF DEATH (Secondary or Immediate)

Toxaemia

(DURATION) ... DAYS

Contributory (Primary.) Lobular (Broncho) Pneumonia (DURATION) ... DAYS

(Signed) Geo. St. Fluegel M.D.

Address St. Joseph's Hospital

Date Jan 2 1907

Place of Burial Towson Md

Date Jany 3 1907

Undertaker Wm Cook

Address 502 E. North ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 090761

090761

134

CERTIFICATE OF DEATH.

(Place of Death.) No. ~~Lucy~~ Glenn 1017 Calhoun St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lucy Glenn.

{ Residence, if in Baltimore, Give Street and Number. } 1017 Calhoun St

Duration of Residence in Baltimore. 14 mos.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: col

DATE OF BIRTH: Dont Know

AGE: 42 years, — months, — days

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

BIRTHPLACE (State or country): Atlanta Ga

FULL NAME OF FATHER: Dont Know

BIRTHPLACE OF FATHER (State or country): " "

MAIDEN NAME OF MOTHER: " "

BIRTHPLACE OF MOTHER (State or country): " "

OCCUPATION OF DECEASED: Cook

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) [illegible]

(Address) 1107 Dolphin Av.

Filed 1/2 1907

HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 1 1907

I HEREBY CERTIFY, That I attended deceased from December 25 1906 to Jan 1. 1907

that I last saw her alive on Jan 1 1907

and that death occurred, on the date stated above, at 2:20 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Failure.

(DURATION) DAYS

Contributory (Primary.) Pneumonia

(DURATION) 7 DAYS

(Signed) Wm. H. Wright M.D.

Address 1373 N. Carey St

Date January 1 1907.

Place of Burial Atlanta Ga

Date Jan 2 1907

Undertaker John A. Koch

Address 1107 Dolphin St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH.

Registered No. B 96762

City of Baltimore, (No. 2015 Division St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Thomas Quinn

PERSONAL AND STATISTICAL PARTICULARS

SEX: ~~Male~~

COLOR: ed

DATE OF BIRTH: ~~About 40~~ Don't Know (Month) (Day) (Year)

AGE: About 40 years, ~ months, ~ days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): ~~Baltimore~~ Md

FULL NAME OF FATHER: Don't Know

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Burkhardt

(Address)

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

WM. J. C. DULANY CO., BALTIMORE.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31st (Month) (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 29th 1906 to Dec 31st 1906

that I last saw him alive on Dec 30th 1906,

and that death occurred, on the date stated above, at 2.30 a.m. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

(DURATION) 2 DAYS

Contributory Paralysis

(DURATION) 12 DAYS

(Signed) Edward N. Wells M.D.

Dec 31st 1906 (Address) 706 N Howard St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Laurel Cemetery

DATE OF BURIAL: Jan 2 1907

UNDERTAKER: A. Burkhardt

ADDRESS 1405 N Howard St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

64 V

CERTIFICATE OF DEATH.

Registered No. B 96763

City of Baltimore, (No. 28 N Pulaski St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John Francis Graber

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Sept (Month) 16 (Day) 1854 (Year)

AGE: 52 years, 3 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: Sebastian Graber

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Catherine Schaffer

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Steelworker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Anna M. Graber

(Address) 28 N. Pulaski St.

Filed 1/2 1907

GRANT C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 30 th (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28 th 1906 to Dec 30 th 1906 that I last saw him alive on Dec 30 th 1906, and that death occurred, on the date stated above, at 11.30 P.M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) DAYS

Contributory

(DURATION) DAYS

(Signed) Gilman F. Evans M. D.

Jan 1st 1907 (Address) 833 N Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Catherine Cem

DATE OF BURIAL: Jan 3rd 1907

UNDERTAKER: Crowley Bros

ADDRESS: 25 Fulton Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 896764

CERTIFICATE OF DEATH.

(Place of Death.) No. 816 Scott St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Charles J McClaskey

{ Residence, if in Baltimore, Give Street and Number. } 816 Scott St.

Duration of Residence in Baltimore. Life time

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | COLOR: white

DATE OF BIRTH: Dec. 6th 1905

AGE: 1 years, — months, 25 days

~~SINGLE, MARRIED,~~ WIDOWED, OR DIVORCED

BIRTHPLACE (State or country): Balto. City

FULL NAME OF FATHER: Wm J. McClaskey

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Anna M. Whittle

BIRTHPLACE OF MOTHER (State or country): Balto. Co.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mary E. Whittle

(Address) 816 Scott St.

Filed 1/2 1907

HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Dec 31 1906 that I last saw him alive on Dec 30 1906, and that death occurred, on the date stated above, at 6 a M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis

(DURATION) 2 DAYS

Contributory (Primary) Pulmonary Congestion 6 hours (DURATION) DAYS

(Signed) J. E. Imre M.D.

Address 855 Columbia Ave

Date Dec 31 1906

Place of Burial Mt. Olivet Cemetery

Date Jan. 2 1907

Undertaker Philip Steward & Son

Address 119 S. Eutaw St.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96765

City of Baltimore, (No. 216, Frederick Av Estd St.; 28 Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Henry H Phillips

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: June (Month) 15 (Day) 1867 (Year)

AGE: 39 years, 6 months, 16 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: Henry Phillips

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johnna Louis

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Gilder

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Minnie Phillips

(Address) 216 Frederick Av Estd

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec (Month) 31 (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4 1906 to Dec 31 1906 that I last saw him alive on Dec 31 1906, and that death occurred, on the date stated above, at 4.36 P. M. The CAUSE OF DEATH was as follows:

Pulmonary Phthisis

(DURATION) DAYS

Contributory Exhaustion

(DURATION) DAYS

(Signed) J. B. Joyce M. D.

Jan 1907 (Address) 1800 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan 3 1907

UNDERTAKER: F B Wuppert — ADDRESS

WM. J. C. DULANY CO., BALTIMORE

#1 Frederick Av Estd & Buttalow St

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 96766

B96766

CERTIFICATE OF DEATH.

(Place of Death.) No. 212 N. Madeira St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Nora Lupinek

{ Residence, if in Baltimore, Give Street and Number. } 212 N. Madeira St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: 1

AGE: 2 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED:

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph Lupinek

BIRTHPLACE OF FATHER (State or country): Bohemia

MAIDEN NAME OF MOTHER: Mary Slupska

BIRTHPLACE OF MOTHER (State or country): Md

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph Lupinek

(Address) 212 N. Madeira St

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec 24th 1906 to Jan 1st 1907 that I last saw her alive on Dec 30th 1906, and that death occurred, on the date stated above, at 9 A. M. CAUSE OF DEATH (Secondary or Immediate)

1 Pneumonia

(DURATION) 8 DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Wm Eshner M.D.

Address 837 Gaywood

Date Jan 1st 1907

Place of Burial Mt Olivet Cem

Date Jan 2 1907

Undertaker Frank Zavacka

Address 1904 Ashland Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

twenty-four hours after death, to the Undertaker, or other person superintending the burial, a certificate can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

B96767

CERTIFICATE OF DEATH.

(Place of Death.) No. Harford Road & Erdman Ave St.

(If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Mrs. Ruth A Tischmeyer

{Residence, if in Baltimore, Give Street and Number.} Harford Rd & Erdman Ave

Duration of Residence in Baltimore. Lifetime B96767

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: February 22nd 1827

AGE: 79 years, 10 months, 9 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Baltimore Md.

FULL NAME OF FATHER: John Henry Reinicke

BIRTHPLACE OF FATHER (State or country): Germany.

MAIDEN NAME OF MOTHER: Elizabeth Young

BIRTHPLACE OF MOTHER (State or country): Maryland.

OCCUPATION OF DECEASED: None.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) F. S. Erdmann

(Address) Harford Road & Erdman Ave

Filed 1/2 190 7

BARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1st 1907

I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1906 to Jan 1st 1907

that I last saw her alive on Dec. 30th 1906

and that death occurred, on the date stated above, at 4 a. m. CAUSE OF DEATH (Secondary or Immediate)

Mitral Valvular Dis of Heart

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) C B Britton M.D.

Address 1711 E Balt St.

Date Jan 1st 1907

Place of Burial Greenmount Cem City January 3rd 1907

Date January 3rd 1907

Undertaker Liston P. Fussell Baugh

Address 510 N Gay St

Dr. Britton 1711 E Balto St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

deceased, and the **cause and date of death.**

Ward ..... 96768 Registered No. B 96768

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number)

Full Name Mrs Frederick Wilson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: white

DATE OF BIRTH: ..... 1 .....

AGE: 75 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: widow

BIRTHPLACE (State or country): —

FULL NAME OF FATHER: —

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: —

BIRTHPLACE OF MOTHER (State or country): —

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday,

(Address) BAY VIEW ASYLUM.

Filed 1/2 1907 Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Sept. 26 1906 to Dec. 31 1906 that I last saw h— alive on Dec 31 1906 and that death occurred, on the date stated above, at 9.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Chronic Diffuse Nephritis

Bronchopneumonia

..... (DURATION) ..... DAYS

Con'ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Horace B. Nicholson M.D.

Address Bay View Hospital

Date Jan. 1 1907

Place of Burial Baltimore Cemetery

Date Jan 3 1907

Undertaker N. Maurice Rouzer

Address 230 N Greene St.

WM. J. C. DULANY CO., BALTIMORE

☞ SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B96769

CERTIFICATE OF DEATH.

7 1 V

(Place of Death.) No. 1248 E. Madison St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Jeannette Bierman

{Residence, if in Baltimore, Give Street and Number.} 1248 E. Madison

Duration of Residence in Baltimore. 40 years. B96769

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Feb 2. 1849

AGE: 58 years, ... months, ... days

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Knakman

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Johanna Knakman

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: House Wife

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Louis Bierman

(Address) 1248 E Madison St

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Dec 31 1906

that I last saw h alive on Dec 31 1906,

and that death occurred, on the date stated above, at 5.40 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac failure from
chronic Myocarditis

(DURATION) 1 DAYS

Contributory (Primary) Grip

(DURATION) 1 DAYS

(Signed) W. L. Eadd. M.D.

Address 1202 E. Monument St

Date 1/3/ 1906

Place of Burial Green Mount

Date Jan 3 2 o'clock P.m. 1907

Undertaker J. Wesley Jackson & Son

Address 745 N Gay St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his ice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person eased, and the **cause and date of death.**

Ward ..... Registered No. B 96770

CERTIFICATE OF DEATH.

(Place of Death.) No. University Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Miss Josephine VanSant

{ Residence, if in Baltimore, Give Street and Number. } Mt. Airy, Md.

Duration of Residence in Baltimore.

B96770

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH October 15 1888

AGE 18 years, 2 months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Mt Airy Md

FULL NAME OF FATHER Abel S. Vansant

BIRTHPLACE OF FATHER (State or country) Mt Airy Md

MAIDEN NAME OF MOTHER Claudia M. Hobbs

BIRTHPLACE OF MOTHER (State or country) Frederick Co Md

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Claudia B. Hobbs

(Address) Mt Airy Md.

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1906 to Jan. 1, 1907 that I last saw her alive on Jan. 1 1907, and that death occurred, on the date stated above, at 8:45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal obstruction, following operation for appendicitis —

(DURATION) 10 DAYS

Contributory (Primary) Acute Appendicitis

(DURATION) 40 DAYS

(Signed) H. B. Hayes, M.D.

Address University Hospital

Date Jan. 1st 1907

Place of Burial Mount Airy Md

Date January 2 1907

Undertaker Wm J Tuckner & Sons

Address 425 W Lanvale St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHDUT A PRDPER CERTIFICATE.

CERTIFICATE OF DEATH.

96771

Registered No. B

City of Baltimore, (No. 206 S. Vincents St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Norman A. Semmont

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR: white

DATE OF BIRTH: January 1st 1907 (Month) (Day) (Year)

AGE: ..... years, ... months, 1 days

SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country): Baltimore City

FULL NAME OF FATHER: Samuel A Semmont

BIRTHPLACE OF FATHER (State or country): Balto City

MAIDEN NAME OF MOTHER: Jessie Berry

BIRTHPLACE OF MOTHER (State or country): Balto City

OCCUPATION OF DECEASED: ~~~~

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) L. A. Simmont

(Address) 206 S. Vincent Place

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from January 1st 1907 to January 1st 1907 that I last saw him alive on January 1st 1907, and that death occurred, on the date stated above, at 3.30 P.M. The CAUSE OF DEATH was as follows:

35 weeks baby; marasmus

..... (DURATION) ..... DAYS

Contributory .....

..... (DURATION) ..... DAYS

(Signed) John Vassalli M. D.

Jan 1st 1907 (Address) 19 Fulton ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL: London Park — DATE OF BURIAL: Jan 2 1907

UNDERTAKER: Wm J Tuckerston — ADDRESS: 425 N Gaurden

WM. J. C. DULANY CO., Baltimore

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

96772

Registered No. B

City of Baltimore, (No. 1829 E. North Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME John G Kaiser

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR: White

DATE OF BIRTH: Dec 20 1823 (Month) (Day) (Year)

AGE: 83 years, — months, 10 days

~~SINGLE~~, MARRIED, WIDOWED, ~~OR DIVORCED~~

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Conrad Kaiser

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Elizabeth Kelm

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: Cabinet Maker

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm J. Tickner

(Address) 425 W. Camden st

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 1906 to Jan 1907

that I last saw h in alive on Dec 31 1906,

and that death occurred, on the date stated above, at 6 A. M. The CAUSE OF DEATH was as follows:

Old Bladder Large Prostate
Kidneys Shut down
Chronic Nephritis
one month (DURATION) 20 DAYS

Contributory old age
October 06 (DURATION) DAYS

(Signed) J R Winkler M. D.

Jan 2 1907 (Address) 8 W Madison

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 3 1907

UNDERTAKER: Wm J. Tickner & Sons

ADDRESS: 425 W Camden

WM. J. C. DULANY CO., BALTIMORE.

acts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person sh
Physician who attended during his or her last sickness, or the Coroner, when the c
nty-four hours after death, to the Undertaker, or other person superintending the buria
be ascertained, the full name, sex, age, condition (whether married or single) of the per

Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **ents-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same an be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number)

Full Name Adam Saffl

{ Residence, if in Baltimore, Give Street and Number. } Highlandtown Md.

B96723

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | COLOR White

DATE OF BIRTH July 3rd 1834

AGE 72 years, 5 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

BIRTHPLACE (State or country) Md.

FULL NAME OF FATHER Daniel Saffl.

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER ———

BIRTHPLACE OF MOTHER (State or country) ———

OCCUPATION OF DECEASED Gardner.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L. Kirsch

(Address) 1823 Federal St.

Filed 1/2 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 190 6

I HEREBY CERTIFY, That I attended deceased from Dec 29 190 6 to Dec 31 190 6

that I last saw h.. alive on Dec 31 190 6,

and that death occurred, on the date stated above, at 2.3[illegible] P. M. CAUSE OF DEATH (Secondary or Immediate)

Cachexia & Exhaustion

(DURATION) DAYS

Contributory (Primary) Rectum Carcinoma (DURATION) DAYS

(Signed) Jos. A. Flueger M.D.

Address St. Joseph's Hospital

Date Dec. 31 190 6

Place of Burial Mt. Olivet Cem.

Date Jan. 2 190

Undertaker H. Landau & Son

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE.

Ward ..... Registered No. B 96774

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Wm A. Graham.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: white

DATE OF BIRTH: Dec 13th 1855

AGE: 51 years, ... months, 17 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Benjamin Graham

BIRTHPLACE OF FATHER (State or country): Maryland

MAIDEN NAME OF MOTHER: Mary Adams

BIRTHPLACE OF MOTHER (State or country): Maryland

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) BAY VIEW ASYLUM. Lemar Rougon Supt.

(Address)

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1906 to Dec. 30 1906 that I last saw h.. alive on Dec. 30 1906 and that death occurred, on the date stated above, at 1.20 A. M. CAUSE OF DEATH (Secondary or Immediate.)

Cirrhosis of liver

Tuberculosis

Pneumonia

(DURATION) DAYS

Contributory (Primary.) Edema of lungs. (DURATION) DAYS

(Signed) Horace H. Nicholson M.D.

Address Bay View Hospl.

Date Dec. 30 1906

Place of Burial Baltimore Cemetery

Date Jan. 2 1907

Undertaker H. Snyder & Sons

Address 1710 Canton Ave

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 2306½ E. Fayette St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary Ida Heinknecht

{ Residence, if in Baltimore, Give Street and Number. } 2306½ E Fayette st

Duration of Residence in Baltimore. Life

B96775

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

COLOR White

DATE OF BIRTH Feb 12 1885

AGE 21 years, 10 months, 19 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER John Heinknecht

BIRTHPLACE OF FATHER (State or country) Md.

MAIDEN NAME OF MOTHER Margaret

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Margaret Heinknecht

(Address) 2306½ E. Fayette st

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JAN 1 1907 190

I HEREBY CERTIFY, That I attended deceased from Dec 28 1906 to Jan 1 1906 that I last saw her alive on Jan 1 1906, and that death occurred, on the date stated above, at 9 40 A.M.

CAUSE OF DEATH (Secondary or Immediate.)

Hemoptysis

(DURATION) 1 hour DAYS

Contributory (Primary.) Phthisis Pulmonalis

(DURATION) 150 DAYS

(Signed) Pierre G. Dausel M.D.

Address 121, Lafayette Square

Date JAN 2 1907 190

Place of Burial St Matthews Cemetery

Date Jan 4 1907

Undertaker Wm. J. Fry.

Address 601 N. BROADWAY.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased, and the case comes under his ce, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ng forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

B96776

CERTIFICATE OF DEATH.

(Place of Death.) No. 1712 E Monument St. (If Death occurred in Hospital or institution, give its Name instead of Street and Number.)

Full Name Louis Hat

{ Residence, if in Baltimore, Give Street and Number. } 1712 E Monument

Duration of Residence in Baltimore. Life B96776

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR W

DATE OF BIRTH ..... 1 .....

AGE 59 years, ... months, ... days

~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~

BIRTHPLACE (State or country) Baltimore

FULL NAME OF FATHER Christian Hat

BIRTHPLACE OF FATHER (State or country) Germany

MAIDEN NAME OF MOTHER Mary C Merz

BIRTHPLACE OF MOTHER (State or country) Germany

OCCUPATION OF DECEASED Furniture Dealer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) John L Fields

(Address) 1200 W. Lombard

Filed 1/2 190 7 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1 — 190 7

I HEREBY CERTIFY, That I attended deceased from ..... 190 ..... to ..... 190 .....

that I last saw h ..... alive on ..... 190 .....,

and that death occurred, on the date stated above, at 12

1 ..... M. CAUSE OF DEATH (Secondary or Immediate)

Heart Disease

(Surgeon)

..... (DURATION) ..... DAYS

Contributory (Primary.) .....

~~(DURATION)~~ ..... ~~DAYS~~

(Signed) Geo H Andrews M.D.

Address Coroners M E D

Date Jan 1 — 07 190

Place of Burial Baltimore

Date Jan 3rd 190 7

Undertaker John L Fields

Address 1200 W Lombard St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

45 V

CERTIFICATE OF DEATH.

96772

Registered No. B.....

City of Baltimore, (No. 1934, Montrose St.; ..... Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Maria Eckhardt.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: September (Month) 3rd (Day) 1834 (Year)

AGE: 72 years, 3 months, 28 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John Schlatt

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) J. Eckhardt.

(Address) 1934 Montrose St

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: December (Month) 31st (Day) 1906 (Year)

I HEREBY CERTIFY, That I attended deceased from August 1st 1906 to Dec. 31st 1906 that I last saw h.. alive on Dec. 31 1906, and that death occurred, on the date stated above, at 8.40 P. M. The CAUSE OF DEATH was as follows:

Paralysis (Right Hemiplegia) complicated by Cancer of the Pelvic bones.

(DURATION) 153 DAYS

Contributory .....

(DURATION) ..... DAYS

(Signed) Charles Gelb M. D.

Jan. 1st 1907 (Address) 1111 W. Lanvale St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence .....

How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Loudon Park

DATE OF BURIAL: Jan 3 1907

UNDERTAKER: E. S. Fink

ADDRESS: 2113 N. Rolls

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96778

City of Baltimore, (No. 336, S. Monroe St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Geo Albert Gray,

PERSONAL AND STATISTICAL PARTICULARS

SEX	Male
COLOR	White
DATE OF BIRTH	Oct (Month) 17 (Day) 1906 (Year)
AGE	..... years, 2 months, 15 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Md
FULL NAME OF FATHER	Chas Gray.
BIRTHPLACE OF FATHER (State or country)	Maryland
MAIDEN NAME OF MOTHER	Catherine Shanck
BIRTHPLACE OF MOTHER (State or country)	Md
OCCUPATION OF DECEASED	none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Chas Gray

(Address) ~~1904~~ 336 S Monroe St

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan (Month) 1 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 17 1906 to Jan 18 1906

that I last saw him alive on Jan 18 1906,

and that death occurred, on the date stated above, at 11

10 A.M. The CAUSE OF DEATH was as follows:

Pneumonia

(DURATION) 4 wks

Contributory Bronchitis

(DURATION) 2 hours DAYS

(Signed) Howard Kelly M. D.

1/1 1907 (Address) 227 N Eutaw

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
~~Loudon Park~~	Jan 8 1907
UNDERTAKER E. Rieger & Son	ADDRESS 2113 N Eutaw St

WM. J. C. DULANY CO., BALTIMORE.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 96779

CERTIFICATE OF DEATH.

(Place of Death.) No. University & Hosp. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Louis Nailer

{ Residence, if in Baltimore, Give Street and Number. } 664 Penn alley

Duration of Residence in Baltimore. 15 Yrs

B 96779

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR B

DATE OF BIRTH 1

AGE 37 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Md

FULL NAME OF FATHER unknown

BIRTHPLACE OF FATHER (State or country) —

MAIDEN NAME OF MOTHER —

BIRTHPLACE OF MOTHER (State or country) —

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Her Sister

(Address) 664 Penn alley

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec 26 1906 to Dec 30 1906 that I last saw her alive on Dec 30 1906, and that death occurred, on the date stated above, at 9-30 A. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac asthenia

(DURATION) 18 hrs DAYS

Contributory (Primary.) Nephritis

(DURATION) DAYS

(Signed) G W Billups M.D.

Address University Hospital

Date Dec 31 1906

Place of Burial Mt Auburn

Date January 2 1907

Undertaker R A Elliott

Address 506 Rogers Ave

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **twenty-four hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Registered No. B 96780

CERTIFICATE OF DEATH.

(Place of Death.) No. City Hospital St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name Walter Hael.

{Residence, if in Baltimore, Give Street and Number.} Left (9 Meade-st Court)

Duration of Residence in Baltimore. 9 Months

PERSONAL AND STATISTICAL PARTICULARS

SEX M | COLOR B.

DATE OF BIRTH 1

AGE 32. years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED M

BIRTHPLACE (State or country)

FULL NAME OF FATHER

BIRTHPLACE OF FATHER (State or country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

OCCUPATION OF DECEASED Butcher

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant)

(Address)

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 16 1906 to Dec. 30 1906 that I last saw h[illegible] alive on Dec 30 1906, and that death occurred, on the date stated above, at 2 P.M. CAUSE OF DEATH (Secondary or Immediate)

Tuberculer Peritonitis —

(DURATION) — DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) W. H. Sorey M.D.

Address City Hospital

Date December 30 1906

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 31 1906 1906

Undertaker Commissioner Health.

Address Health Department

WM. J. C. DULANY CO., BALTIMORE.

FOR ANATOMICAL PURPOSES.

300

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... B 96781 Registered No. B .....

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name James Rich.

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS	
SEX: Male	COLOR: Black
DATE OF BIRTH: 1	
AGE: 28 years, ... months, ... days	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	
BIRTHPLACE (State or country)	
FULL NAME OF FATHER	
BIRTHPLACE OF FATHER (State or country)	
MAIDEN NAME OF MOTHER	
BIRTHPLACE OF MOTHER (State or country)	
OCCUPATION OF DECEASED	

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Lamar Hollyday, Supt.

(Address) BAY VIEW ASYLUM.

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

WM. J. C. DULANY CO., BALTIMORE

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 13 1906 to Dec 31 1906

that I last saw him alive on Dec 31 1906.

and that death occurred, on the date stated above, at 12.20 P.M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) — DAYS

Contributory (Primary.) Pulmonary thrombosis

..... (DURATION) — DAYS

(Signed) Howard A. Kelly M.D.

Address .....

Date 190

Place of Burial JOHNS HOPKINS HOSPITAL.

Date Dec 31 1906

Undertaker Wm H Worden

Address 1811 Aiken St.

FOR ANATOMICAL PURPOSES.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death**.

Ward ..... B 96782 Registered No. B 96782

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mal. Thompson

{ Residence, if in Baltimore, Give Street and Number. } .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Lamar Hollyer, Supt.
(Informant) BAY VIEW ASYLUM.
(Address)

Filed ..... 190 .....
HARRY G. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 1 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1906 to Jan 1 1907
that I last saw h in alive on Jan 1 1907
and that death occurred, on the date stated above, at 6.35 A M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Contributory (Primary.) Exhaustion

..... (DURATION) ..... DAYS

(Signed) Howard Kelly M.D.

Address Bay View Hospital

Date Jan. 1 1907

Place of Burial JOHNS HOPKINS HOSP.

Date DEC 2, 1908 190

Undertaker Wm. H. Worden

Address 1811 Aiken St.

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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V

Ward ..... B 96783 Registered No. B 96783

CERTIFICATE OF DEATH.

(Place of Death.) No. Bay View Asylum St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Geo. Franks.

{Residence, if in Baltimore, Give Street and Number.} .....

Duration of Residence in Baltimore. .....

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: ..... 1 .....

AGE: 25 years, ... mont's, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country):

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED: Sailor.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) .....

(Address) .....

Filed ..... 190...

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Dec 27 1906 to Dec 31 1906 that I last saw h im alive on Dec 31 1906 and that death occurred, on the date stated above, at 3:00 P. M. CAUSE OF DEATH (Secondary or Immediate.)

Pulmonary Tuberculosis

..... (DURATION) ..... DAYS

Con ributory (Primary.) Exhaustion

..... (DURATION) ..... DAYs

(Signed) Harold Nicholson M.D.

Address Bay View Hospital

Date Jan 1 1907

Place of Burial JOHNS HOPKINS HOSPITAL

Date DEC 2 - 1906 190...

Undertaker W. E. H. Gordon

Address 1811 Aisquith St

FOR ANATOMICAL PURPOSES

WM. J. C. DULANY CO., Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

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Ward ... B96784 96784 Registered No. B ... 96784

CERTIFICATE OF DEATH.

(Place of Death.) No. 2034 E. Fayette St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Elizabeth Warlitz

{ Residence, if in Baltimore, Give Street and Number. } 2034 E. Fayette St.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR White

DATE OF BIRTH December 31st 1906

AGE ... years, ... months, 2 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Balto. Md.

FULL NAME OF FATHER Herman A. Warlitz

BIRTHPLACE OF FATHER (State or country) Illinois

MAIDEN NAME OF MOTHER Margaret Sapper

BIRTHPLACE OF MOTHER (State or country) Balto

OCCUPATION OF DECEASED —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(informant) Herman A. Warlitz

(Address) 2034 E. Fayette St

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 1st 1907

I HEREBY CERTIFY, That I attended deceased from Dec 31st 1906 to Jan 1st 1907 that I last saw her alive on Jan 1 1907, and that death occurred, on the date stated above, at 11.30 P.M. CAUSE OF DEATH (Secondary or Immediate)

Injury to neck during birth

(DURATION) 1 DAYS

Contributory (Primary) Convulsions

(DURATION) 1 DAYS

(Signed) Wm Gwinlet M.D.

Address 1704 Madison Ave

Date Balto, Jan. 2d 1907

Place of Burial Holy Redeemer Cem

Date Jan. 2 1907

Undertaker Jos. J. Herr

Address 1914 E. Fayette

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

B96785 Registered No. B 96785

CERTIFICATE OF DEATH.

(Place of Death.) No. 640 Penn alley St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Wilbert Cooper

{Residence, if in Baltimore, Give Street and Number.} 640 Penn alley.

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored.

DATE OF BIRTH: Sept 31. 1906.

AGE: — years, 3 months, 1 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Baltimore Md

FULL NAME OF FATHER: John Cooper.

BIRTHPLACE OF FATHER (State or country): St Mary's Co Md

MAIDEN NAME OF MOTHER: Bertha Ruth

BIRTHPLACE OF MOTHER (State or country): Talbot Co, Md.

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Bertha Cooper

(Address) 640 Penn alley

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK, Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jany 1st 1907.

I HEREBY CERTIFY, That I attended deceased from Dec 29 1906 to Jany 1st 1907.

that I last saw him alive on Jany 1st 1907.

and that death occurred, on the date stated above, at 3.30 P. M. CAUSE OF DEATH (Secondary or Immediate)

Capillary Bronchitis (DURATION) 7 DAYS

Contributory (Primary) Catarrhal Fever (DURATION) 14 DAYS

(Signed) Edward Eichacker M.D.

Address 1339 W. North Ave.

Date Balto Jany 2d 1907.

Place of Burial Cathedral Cemetery

Date January 3. 1906

Undertaker Felix B Pye

Address 102 E Mulberry st

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

CERTIFICATE OF DEATH.

B 96786

(Place of Death.) No. 117 N. Patterson Park ave. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name William F. Atkinson Sr

{Residence, if in Baltimore, Give Street and Number.} 117 Patterson Park ave

Duration of Residence in Baltimore. Lifetime

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: White

DATE OF BIRTH: October 7th 1825

AGE: 81 years, 2 months, 24 days

~~SINGLE~~, MARRIED, WIDOWED, OR ~~DIVORCED~~: Widower

BIRTHPLACE (State or country): Balto., Md.

FULL NAME OF FATHER: James Atkinson

BIRTHPLACE OF FATHER (State or country): England

MAIDEN NAME OF MOTHER: Elizabeth Flemming

BIRTHPLACE OF MOTHER (State or country): Baltimore Md.

OCCUPATION OF DECEASED: Retired Granite Cutter

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) William F Atkinson Jr

(Address) 117 Patterson Pk. Ave

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 1st 1907

I HEREBY CERTIFY, That I attended deceased from July 1st 1906 to Dec Jan 1907 that I last saw h~~im~~ alive on Dec. 28 1906, and that death occurred, on the date stated above, at 1 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ch. Gastro-Enteritis

arteriosclerosis

(DURATION) 6 mos DAYS

Contributory (Primary.) —

(DURATION) — DAYS

(Signed) Jefferies Buck M.D.

Address 2844 St Paul St

Date Jan 2nd 1907

Place of Burial Greenmount Cemetery

Date January 3rd 1907

Undertaker George Schilling & Sons

Address 1126 E Monument st

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended deceased, and the **cause and date of death.**

...ice, to furnish within **eighteen hours after death,** to the Undertaker, or other person superintending the burial, a certificate ...tting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ...ceased, and the

Registered No. B 96787

CERTIFICATE OF DEATH.

(Place of Death.) No. 814 Potomac St St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary E. Over

{ Residence, if in Baltimore, Give Street and Number. } 814 Potomac St

Duration of Residence in Baltimore. Life

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: March 25th 1890

AGE: 16 years, 9 months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): Baltimore

FULL NAME OF FATHER: Joseph A. Over

BIRTHPLACE OF FATHER (State or country): Baltimore

MAIDEN NAME OF MOTHER: Katherine O'Brien

BIRTHPLACE OF MOTHER (State or country): Mass.

OCCUPATION OF DECEASED: None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Joseph A. Over

(Address) 814 S. Potomac St.

Filed 1/2 1907

HARRY C. ANDREWS, Registrar
PERMIT CLERK.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 1906

I HEREBY CERTIFY, That I attended deceased from Aug 1 1906 to Dec 31 1906 that I last saw h[e] alive on Dec 29 1906, and that death occurred, on the date stated above, at 2.45 P.M. CAUSE OF DEATH (Secondary or Immediate)

Ex haustion

4 weeks (DURATION) DAYS

Contributory (Primary.)

Pulmonary Tuberculosis (DURATION) 15 DAYS

(Signed) A. G. Ryland M.D.

Address 220 E. Monument St

Date Jan 2 1907

Place of Burial Mt. Carmel Cem

Date January 3d 1907

Undertaker H. Sanderlin & Sons

Address 1710 Carlton ave.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96788

City of Baltimore, (No. 6 S. Pulaski St.; Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Ann Coyle

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: Dec 25 1811 (Month) (Day) (Year)

AGE: 95 years, — months, 6 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): London, England

FULL NAME OF FATHER: John Moriarity

BIRTHPLACE OF FATHER (State or country): Ireland

MAIDEN NAME OF MOTHER: Not Known

BIRTHPLACE OF MOTHER (State or country): Ireland.

OCCUPATION OF DECEASED: Housework

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Kate Lonzan

(Address) 6 Pulaski

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan. 1 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct. 29 1906 to Jan 1 1907 that I last saw her alive on Dec 31st 1906, and that death occurred, on the date stated above, at 8.45 A.M. The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage (Syncope)

(DURATION) 61 DAYS

Contributory —

(DURATION) DAYS

(Signed) Edw. J. Plummer M. D.

Jan. 1 1907 (Address) 539 S. Fulton Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence — How long at Place of Death — Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: Jany. 4 1907

UNDERTAKER: Evans & Spence

ADDRESS: 1184 Hollins St. Royal Ave

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

B96789

CERTIFICATE OF DEATH.

1907

(Place of Death.) No. 21 Old Frederick Road St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Andrew Rectenwald

{ Residence, if in Baltimore, Give Street and Number. } 21 Old Frederick Road

Duration of Residence in Baltimore. 40 years

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR
Male	White

DATE OF BIRTH — 1543

AGE 63 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: Unknown

BIRTHPLACE OF FATHER (State or country): "

MAIDEN NAME OF MOTHER: "

BIRTHPLACE OF MOTHER (State or country): "

OCCUPATION OF DECEASED: Wheelwright

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Steven Kraus

(Address) 21 Old Fred. Road

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK.

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 1 1907

I HEREBY CERTIFY, That I attended deceased from Oct 10 1906 to Jan 1 1907 that I last saw him alive on Dec 31 1906, and that death occurred, on the date stated above, at 2.15 A.M. CAUSE OF DEATH (Secondary or Immediate)

Valvular Heart Disease

(DURATION) 2 Yrs DAYS

Contributory (Primary.)

Rheumatism (DURATION) 3 Yrs DAYS

(Signed) Howard W. Jones M.D.

Address Irvington

Date Jan. 1. 1907

Place of Burial Holy Redeemer

Date Jan. 3rd 1907

Undertaker C. W. Dill

Address 810 Fredk. ave.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

B 96790

41 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1710 Etting St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Mary Machall

{Residence, if in Baltimore, Give Street and Number.} 1710 Etting St

Duration of Residence in Baltimore. 12 years.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | COLOR Colored

DATE OF BIRTH ..... 1 .....

AGE 26 years, ... months, ... days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Calvert Co Md.

FULL NAME OF FATHER James R. Machall

BIRTHPLACE OF FATHER (State or country) Calvert Co. Md

MAIDEN NAME OF MOTHER Maria Robinson

BIRTHPLACE OF MOTHER (State or country) Calvert Co. Md

OCCUPATION OF DECEASED Domestic

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs Louisa Machall

(Address) 1710 Etting St

Filed 1/2 1907 HARRY C. ARDINGER, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Dec 31st 1906 that I last saw h-r alive on Dec 30th 1906, and that death occurred, on the date stated above, at 9 P. M. CAUSE OF DEATH (Secondary or Immediate)

Intestinal Carcinoma
Asthenia.

(DURATION) DAYS

Contributory (Primary.)

(DURATION) DAYS

(Signed) Jno T McCauley M.D.

Address 656 W Franklin St

Date Jan 1st 1907

Place of Burial Mt Auburn Cemetery

Date January 3 1907

Undertaker Felix B Pyle

Address 102 E. Mulberry st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. 1724 Orleans St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Lilly May Smith

{Residence, if in Baltimore, Give Street and Number.} 1724 Orleans St.

Duration of Residence in Baltimore. 18 mos.

B96791

PERSONAL AND STATISTICAL PARTICULARS

SEX F | COLOR Bl

DATE OF BIRTH June 11 1905

AGE 1 years, 6 months, 20 days

SINGLE, ~~MARRIED~~, WIDOWED, OR DIVORCED

BIRTHPLACE (State or country) Maryland

FULL NAME OF FATHER Willie Bird

BIRTHPLACE OF FATHER (State or country) Virginia

MAIDEN NAME OF MOTHER Mary Smith

BIRTHPLACE OF MOTHER (State or country) Virginia

OCCUPATION OF DECEASED

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Wm H Smith

(Address) 1724 Orleans St.

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1, 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1906 to date 190

that I last saw her alive on Dec 31 1906,

and that death occurred, on the date stated above, at 4.30 A.M. CAUSE OF DEATH (Secondary or Immediate)

Broncho-Pneumonia

(DURATION) 11 DAYS

Contributory (Primary.) Heart-failure

(DURATION) DAYS

(Signed) S. Wolman M.D.

Address 129 N. Broadway

Date January 1, 1907

Place of Burial Laurel Cemetery

Date January 3. 1907

Undertaker Fehr B. Pye

Address 102 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Ward ..... 96752 Registered No. B 96752

CERTIFICATE OF DEATH.

(Place of Death.) No. 401 Courtland St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name James H. Riley

{Residence, if in Baltimore, Give Street and Number.} 401 Courtland St

Duration of Residence in Baltimore. 29 yrs

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | COLOR: Colored

DATE OF BIRTH: 1

AGE: 47 years, months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single

BIRTHPLACE (State or country): St. Mary's Co. Md

FULL NAME OF FATHER: William Riley

BIRTHPLACE OF FATHER (State or country): St Mary's Co. Md.

MAIDEN NAME OF MOTHER: Hattie S. Stewart

BIRTHPLACE OF MOTHER (State or country): St. Mary's Co. Md.

OCCUPATION OF DECEASED: Laborer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Susie Wanton

(Address) 401 Courtland St.

Filed 1/2 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 2d 1907

I HEREBY CERTIFY, That I attended deceased from ... 190 ... to ... 190 ...

that I last saw h ... alive on ... 190 ...

and that death occurred, on the date stated above, at ...

THE CAUSE OF DEATH (Secondary or Immediate.)

Heart Disease

(DURATION) — DAYS.

Con'ributory (Primary.) Rheumatism

(DURATION) ... DAYS.

(Signed) Benj. J. Hopkins M.D.

Address 1216 N. Caroline County

Date Jan. 2 1907

Place of Burial St. Peters Cemetery

Date January 4 1907

Undertaker Felix B. Pye.

Address 1026 E. Mulberry St.

WM. J. C. DULANY CO., BALTIMORE

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

Registered No. B 967383

B967383

34 V

CERTIFICATE OF DEATH.

(Place of Death.) No. 1604 N. Bruce St. (If Death occurred in Hospital or Institution, give its Name Instead of Street and Number.)

Full Name James H. Milligan

{Residence, if in Baltimore, Give Street and Number.} 1604 N. Bruce St

Duration of Residence in Baltimore. 25 Years.

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Male
COLOR	Colored
DATE OF BIRTH	Nov. 22. 1877
AGE	29 years, One months, 9 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Widower.
BIRTHPLACE (State or country)	Baltimore Co. Md.
FULL NAME OF FATHER	Benjamin Milligan
BIRTHPLACE OF FATHER (State or country)	Baltimore Md
MAIDEN NAME OF MOTHER	Annie Brown
BIRTHPLACE OF MOTHER (State or country)	Baltimore Co. Md.
OCCUPATION OF DECEASED	Laborer.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Geo. C. Shannon

(Address) 1442 Presstman St

Filed 1/2 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	Dec. 31st. 1906

I HEREBY CERTIFY, That I attended deceased from Dec. 29 1906 to Dec 31 1906.

that I last saw h[illegible] alive on Dec 31 1906;

and that death occurred, on the date stated above, at 11 45 P. M. CAUSE OF DEATH (Secondary or Immediate)

Cardiac Debility

(DURATION) 2 DAYS

Contributory (Primary) Tuberculosis

(DURATION) 6 mos

General

(Signed) Geo. C Shannon M.D.

Address 1442 Presstman St

Date Dec 31st 1906.

Place of Burial St Luke's Cemetery Balto Co Md

Date January 3rd 1906

Undertaker Felix B Pyle.

Address 102 E Mulberry st.

WM. J. C. DULANY CO., Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96794

City of Baltimore, (No. 2024 Ballon Ave St.; 13th Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Caroline W. Raeth

PERSONAL AND STATISTICAL PARTICULARS

SEX	Female
COLOR	white
DATE OF BIRTH (Month) (Day) (Year)	Oct 20th 1821
AGE	85 years, 2 months, 11 days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	widowed
BIRTHPLACE (State or country)	Germany
FULL NAME OF FATHER	Hungerland
BIRTHPLACE OF FATHER (State or country)	Germany
MAIDEN NAME OF MOTHER	Not Known
BIRTHPLACE OF MOTHER (State or country)	Germany
OCCUPATION OF DECEASED	None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Mrs. Wm. Garthe

(Address) 2024 Ballon Ave.

Filed 1/2 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan'y 1st 1907 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 28th 1906 to Jan 1st 1907 that I last saw h[e]r alive on Jan 1st 1907, and that death occurred, on the date stated above, at 6 P. M. The CAUSE OF DEATH was as follows:

Catarrhal Pneumonia

(DURATION) 5 DAYS

Contributory Influenza

(DURATION) 5 DAYS

(Signed) Edward Douglass M. D.

Jan 1st 1907 (Address) 830 W. North Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? / Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Loudon Park	Jan'y 4 1907
UNDERTAKER	ADDRESS
F. A Krause & Bro	703 Hanover

WM. J. C. DULANY CO., BALTIMORE

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 105 E. Hamberg St. St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Christina Wursten

{Residence, if in Baltimore, Give Street and Number.} 105 E. Hamberg St.

B96795

Duration of Residence in Baltimore. 60 years

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: June 29 1833

AGE: 73 years, 6 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER: John G Winckee

BIRTHPLACE OF FATHER (State or country): Germany

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (State or country): Germany

OCCUPATION OF DECEASED: —

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Henry Wursten

(Address 105 E. Hamburg

Filed 1/2 190 7 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec. 31/06. 190

I HEREBY CERTIFY, That I attended deceased from Dec. 26 1906 to Dec. 31 1906 that I last saw her alive on Dec. 31 1906, and that death occurred, on the date stated above, at 11:20 P.M.

CAUSE OF DEATH (Secondary or Immediate)

Broncho)-pneumonia

(DURATION) 7 DAYS

Contributory (Primary.) Cardiac Failure

(DURATION) 2 DAYS

(Signed) E. Wells M.D.

Address 915 Light St.

Date 190

Place of Burial Balto Cemetery

Date Jan 3 190 7

Undertaker F. A. Krause & Bro

Address 703 Hanover St

WM. J. C. DULANY CO. Baltimore

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***eighteen hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the ***full name, sex, age, condition*** (whether married or single) of the person deceased, and the ***cause and date of death.***

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death,*** to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CERTIFICATE OF DEATH.

(Place of Death.) No. 1501 Aisquith St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number.)

Full Name Annie L. Massey

{Residence, if in Baltimore, Give Street and Number.} 1501 Aisquith St

B 96796

Duration of Residence in Baltimore.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | COLOR: White

DATE OF BIRTH: May 10th 1822

AGE: 84 years, 7 months, 22 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widowed

BIRTHPLACE (State or country): Md.

FULL NAME OF FATHER: John Remsen

BIRTHPLACE OF FATHER (State or country): Penna

MAIDEN NAME OF MOTHER: Eliza Penna

BIRTHPLACE OF MOTHER (State or country): Penna

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Informant: Autumn L. Massey

(Address) 2210 E. Lombard St

Filed Jan 3rd 1907 HARRY O. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: January 2nd 1907

I HEREBY CERTIFY, That I attended deceased from Dec. 28 - 1906 to Jan. 2 - 1907

that I last saw her alive on Jan. 1 - 1907, 9:45

and that death occurred, on the date stated above, at A.M.

CAUSE OF DEATH (Secondary or Immediate) Indigestion

(DURATION) 8 DAYS

Contributory (Primary.) Arterial sclerosis

(DURATION) — DAYS

(Signed) Edwin B. Fenby M.D.

Address 1219 N. Caroline

Date January 2nd 1907

Place of Burial W.N. Dept Cem.

Date January 3rd 1907

Undertaker A. Fuller Fuller

Address 2013 E. Balto St

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be e duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his tice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ceased, and the **cause and date of death.**

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be duty of the Physician who attended deceased during his or her last sickness, or the Coroner, when the case comes under his ce, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate ing forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person ased, and the **cause and date of death.**

CERTIFICATE OF DEATH.

(Place of Death.) No. St. Joseph's Hospital St. (If Death occurred in Hospital or Institution, give its Name instead of Street and Number)

Full Name Mary J. Moore

{ Residence, if in Baltimore, Give Street and Number. } 555 Gilson St.

Duration of Residence in Baltimore. 1 yr.

896797

PERSONAL AND STATISTICAL PARTICULARS	
SEX	Female
COLOR	White
DATE OF BIRTH	Aug 1873
AGE	33 years, 5 months, days
SINGLE, MARRIED, WIDOWED, OR DIVORCED	Single
BIRTHPLACE (State or country)	Balto Co Md
FULL NAME OF FATHER	Thomas Moore
BIRTHPLACE OF FATHER (State or country)	Ireland
MAIDEN NAME OF MOTHER	Margaret Lanagan
BIRTHPLACE OF MOTHER (State or country)	Ireland
OCCUPATION OF DECEASED	Home Keeper

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) Thomas Moore

(Address) Phoenix Md

Filed ..... 190.....

HARRY C. ANDREWS,
PERMIT CLERK Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 31 1906

I HEREBY CERTIFY, That I attended deceased from Nov 10 1906 to Dec 31 1906 that I last saw h.. alive on Dec 31 1906, and that death occurred, on the date stated above, at 4.15 P.M. CAUSE OF DEATH (Secondary or Immediate)

Epilepsy

(DURATION) DAYS

Contributory (Primary.) Epilepsy

(DURATION) DAYS

(Signed) Geo. H. Fluegel M.D.

Address St. Joseph's Hospital

Date Dec. 31 1906

Place of Burial Texas Balto Co Md

Date Jan 3 1907

Undertaker W. C. Brooks

Address Philopolis Md

WM. J. C. DULANY CO., BALTIMORE.

03/3/3

Registered No. B 896798

CERTIFICATE OF DEATH.

(Place of Death.) No. 1506 McHenry St. (If Death occurred in Hospital or Institution, give Its Name instead of Street and Number.)

Full Name Clara Gebhart

{Residence, if in Baltimore, Give Street and Number.} 1506 McHenry

Duration of Residence in Baltimore. 15 yr

B96798

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

COLOR: White

DATE OF BIRTH: 1

AGE: 57 years, 4 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

BIRTHPLACE (State or country): Germany

FULL NAME OF FATHER:

BIRTHPLACE OF FATHER (State or country):

MAIDEN NAME OF MOTHER:

BIRTHPLACE OF MOTHER (State or country):

OCCUPATION OF DECEASED:

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) A. Jones

(Address) 216 S Strucker st

Filed 1/3 1907

HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31st 1906

I HEREBY CERTIFY, That I attended deceased from Dec 30 1906 to Dec 31 1906

that I last saw h alive on 190

and that death occurred, on the date stated above, at 3 30 M. CAUSE OF DEATH (Secondary or Immediate)

Bright's Disease

(DURATION) DAYS

Contributory (Primary.) [redacted]

(DURATION) DAYS

(Signed) E. Bruce Jones M.D.

Address Jumbo Pa

Date 1907

Place of Burial Loudon Park

Date Jan. 3rd 1907 190

Undertaker A. Jones

Address 216 S. Strucker st

WM. J. C. DULANY CO., BALTIMORE.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within **eighteen hours after death**, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the **full name, sex, age, condition** (whether married or single) of the person deceased, and the **cause and date of death.**

HEALTH DEPARTMENT, CITY OF BALTIMORE.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Registered No. B 96799

City of Baltimore, (No. 1304 Pa. Ave St.; Ward)
[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Raymond Clotchey (Clatchey)

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR: W

DATE OF BIRTH: 1 (Month) (Day) Year)

AGE: years, 18 months, days

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Single.

BIRTHPLACE (State or country): Balto Md

FULL NAME OF FATHER: James M Clatchey

BIRTHPLACE OF FATHER (State or country): Balto Md

MAIDEN NAME OF MOTHER: Goldie Hudson

BIRTHPLACE OF MOTHER (State or country): Annapolis Md

OCCUPATION OF DECEASED: none

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James M Clatchey

(Address) 1304 Penna Ave

Filed 1/3 1907 HARRY C. ANDREWS, PERMIT CLERK. Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 (Month) 2 (Day) 1907 (Year)

I HEREBY CERTIFY, That I attended deceased from 12/31 1906 to 1-2 1907

that I last saw h— alive on 1-2 1907,

and that death occurred, on the date stated above, at 2 A.M. The CAUSE OF DEATH was as follows:

Apoplexy

(DURATION) — DAYS

Contributory Laryngeal Diphtheria

(DURATION) 3 DAYS

(Signed) A. G. Barnes M. D.

1/2 1907 (Address) 1631 Madison Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL: Mt Olivet Cem

DATE OF BURIAL: Jan 3 1906

UNDERTAKER: John E Hourglas

ADDRESS: 1422 n Penna

WM. J. C. DULANY CO., BALTIMORE

10 A.M.

Extracts from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ***twenty-four hours after death***, to the Undertaker, or other person superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

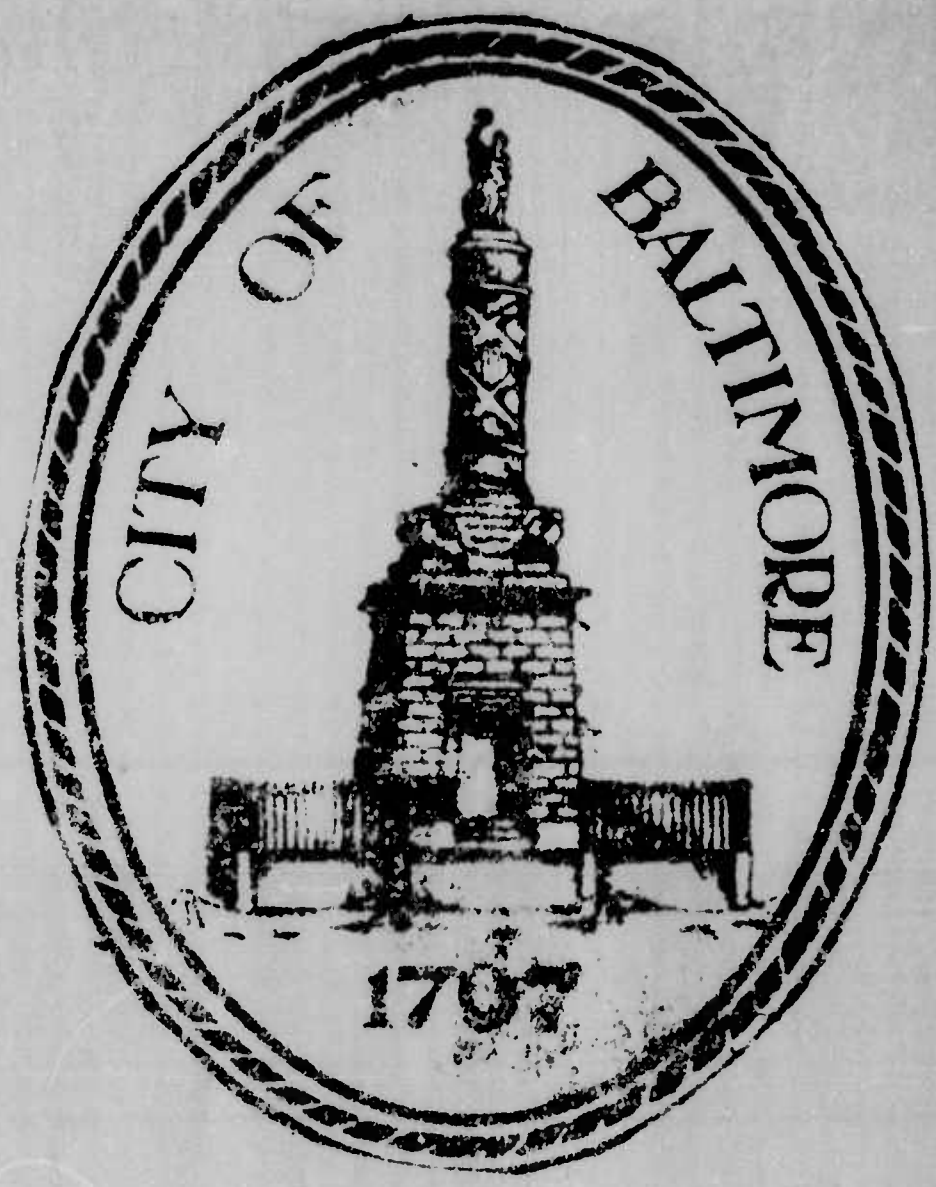
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 27th DAY OF 1967 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WIT B-94000 7/29/66 AND ENDING WITH B-96799 1/2/67 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O T Line



END OF REEL